



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

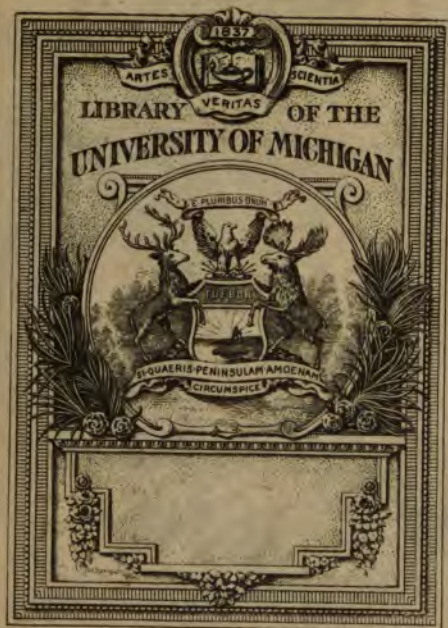
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>





H 616.5-

B 96

DISEASES OF THE SKIN:

669.23

*Their Constitutional Nature
and Cure.*

BY

J. COMPTON BURNETT, M.D.,

AUTHOR OF "RINGWORM: ITS CONSTITUTIONAL NATURE AND CURE."

Si non juvat, modo ne noceat.

By their fruits ye shall know them.

SECOND EDITION, REVISED AND ENLARGED.

LONDON:

THE HOMŒOPATHIC PUBLISHING COMPANY,

12 WARWICK LANE, E.C.

1893.

PRINTED BY OLIVER AND BOYD, EDINBURGH.

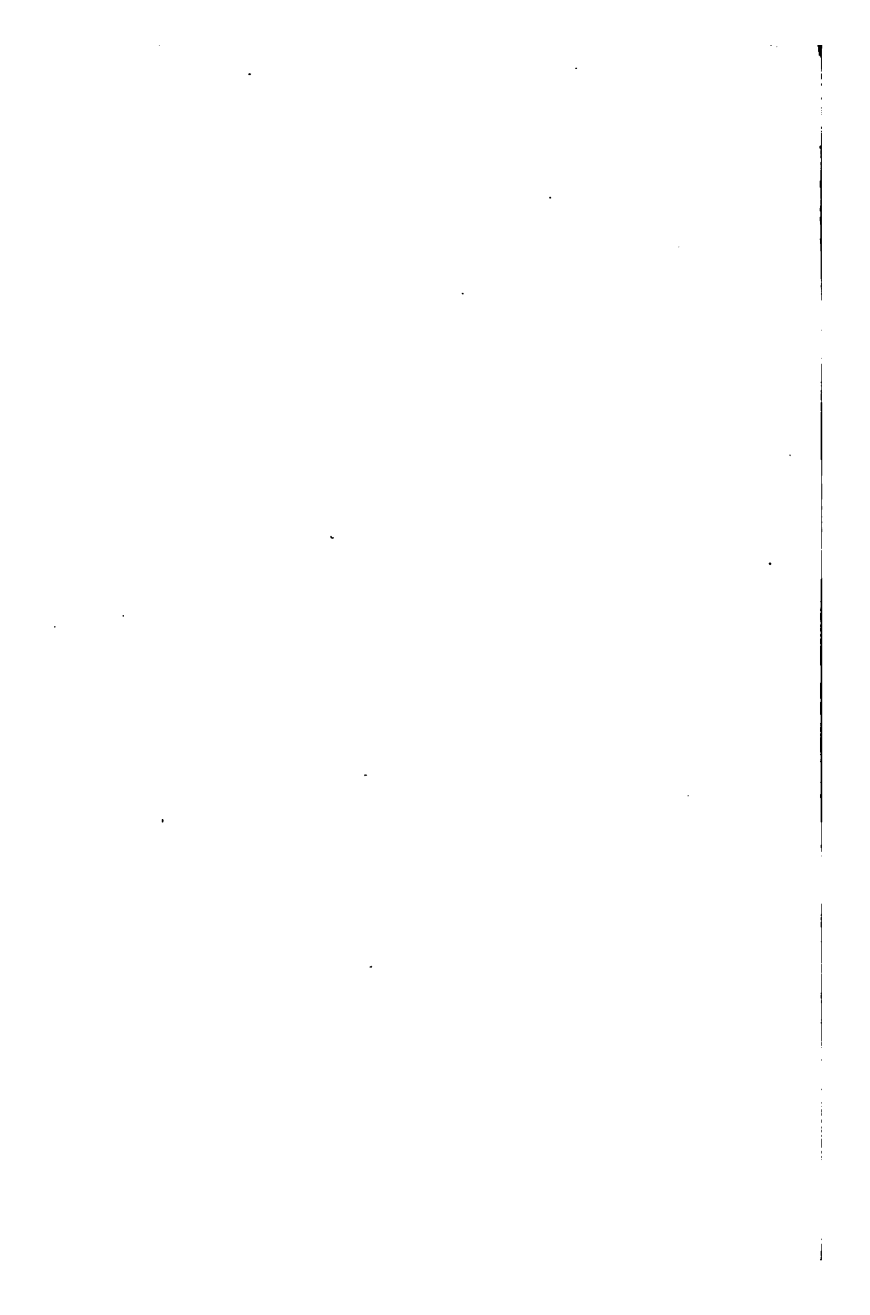
PREFACE TO SECOND EDITION.

THIS present edition I have very considerably enlarged by adding PART SECOND, consisting more particularly of Cases illustrating the Constitutional Cure of Diseases of the Skin, and this has necessitated an alteration in the title of the work. Almost every day brings me evidence confirmatory of my views of the constitutional nature of skin diseases, and I am increasingly impressed with the dire results that accrue to those sufferers therefrom whose cutaneous manifestations have been got rid of by lotions and ointments.

J. COMPTON BURNETT.

86 WIMPOLE STREET, LONDON, W.,

Midsummer 1893.



PREFACE TO FIRST EDITION.

IN the following pages I take largely the clinical standpoint, and consider the Diseases of the Skin constitutionally. The treatment of skin diseases as merely local affairs concerning the skin only, as is now current with *nearly* all medical men of all schools and all the world over, is, in my opinion, nothing less than a crime against humanity, and eminently characteristic of the cultured shallowness of the medical profession of to-day.

In "these days of 'scopes and 'meters," *thinking*, in the profession, is well-nigh dead. One sees no end of percussing and auscultating: the faintest murmurs, sounds, tinkles, *râles*, and *bruits* are well known and learnedly discoursed of, but what of the *curing*? what of the *real* ætiology of the Consumptive process itself? Bacilli. Yes, but what went on before bacillary life became

possible? and how are the bacilli to thrive unless the soil be, for them, of the right kind?

I do not maintain that there is no such a thing as a skin disease of a purely local nature, such as common phtheiriasis and other parasitic dirt-diseases that impinge upon the skin, but, speaking generally, I do maintain the following points:—

1. That the skin is a very important living ORGAN of the body.

2. That it stands in intimate, though ill-understood, relationship to *all* the internal organs and parts.

3. That its healthiness is conditioned by the general healthiness of the organism,—*i.e.*, a healthy skin on an unhealthy body is inconceivable.

4. That, speaking generally, its unhealthinesses—its diseases—come from within, sometimes even when they initially impinge upon it from without.

5. That being *biologically within* the organism, being *fed from within*, having its *life from within*, having its *health from within*, and having its *diseases from within*, it must also be treated medicinally *from within*.

6. That skin diseases are most commonly not merely organic, but at the same time organismic, or constitutional.

7. That the skin being an excretory organ, and being spread out all over the organism, is often made use of by Nature to keep the internal organs free from disease.

8. That as each portion of the skin corresponds vitally with some internal organ or part, so the skin disease is often merely the outward expression of internal disease.

9. That, in fine, the generally received *external* treatment of Diseases of the Skin, whether with lotions or ointments or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable.

These points embody my views on Diseases of the Skin; they guide me in my practice, and I might call upon the dermatologists to refute them, did I not hold them to be absolutely irrefutable.

If disease of the body bubbles up, so to speak, into the skin like water from a spring, to treat this Disease in (of) the skin by washes and ointments, or other outward applications, is really *not* treating *the diseased*

state at all, but *only preventing its peripheral* expression.

The skin does not live an independent life of itself—hung on, as it were, outside of us—but is of all our organs the most systemic; but what can we expect from an age in which people think they get a beautiful healthy skin from soap, and sound teeth from tooth-powder?

The bark of a tree is a very fair analogue of the skin, and when I one day asked my gardener why the bark of a certain apple tree was so knobby, rough, and unhealthy-looking, he replied, "The *roots* have got down on the clay, Sir."

So it is, I opine, when a person's skin becomes diseased. "The roots have got down on the clay."

J. COMPTON BURNETT.

LONDON, *September* 1886.



DISEASES OF THE SKIN.

PART I.

ANGINA PECTORIS FROM SUPPRESSED SKIN DISEASE.

ONE Sunday morning, some ten years ago, a gentleman ushered his wife into my consulting-room because she had been taken with an attack of *angina pectoris* in the street, on her way to church. Though only a little over thirty years of age, if so much, she had been subject to these attacks of

breast - pang for several years : they would take her suddenly in the street, nailing her, as it were, to the spot, and hence she no longer went out of doors alone, lest she should faint away or fall down dead, as was apprehended.

An examination of the heart revealed no organic lesion, or even functional derangement, and I could not quite see why a comparatively young lady should get such anginal attacks. She had been under able men for her *angina*, but it got no better, and no one could apparently understand it. I prescribed for her, and saw her subsequently at her home, to try and elucidate the matter. I let her tell me her whole health - history from her earliest

childhood. She said she was getting to the end of her teens, and was preparing to come out, but she had some cracks in the bends of her arms that were very unsightly ; these cracks in her skin had troubled her from her earliest childhood. Erasmus Wilson was consulted ; he gave her an ointment which very soon cured her skin, and the patient came out socially, made a hit right off, and got married in due course. She had always felt very grateful to Erasmus Wilson for curing her arms, for otherwise, "How could I have appeared in short sleeves?"

But there soon followed dyspep-

sia, flatulence, dyspnœa, and palpitation, and finally the before-described attacks of *angina pectoris* threatened to wreck her life. Moreover, she had borne one dead child. As I have already said, there was no discoverable cardiac lesion, and from the lady's health-history I gathered that this cure of her skin (though to me the one important point) was of no causal importance.

I gave my opinion that her skin disease had never been *really* cured, only *driven in* by Wilson's ointment, and that her angina was in reality its internal expression or metastasis. No one believed it, however. I began to treat her anti-

psorically, and very soon—I think it was less than a month from the Sunday morning visit—the old cracks reappeared in the bends of the elbows, *and from that time on she had no further attacks of angina* at all, and thenceforth she bore living children.

SPECIFIC ENEXANTHEMATIC
ASTHMA.

Not long after the beforementioned experience I was consulted by a Liverpool gentleman for asthma of a very severe type. He was somewhere near forty, and had the appearance of a very old man, partly from the habitual bent position, from his shortness of breath, and partly from loss of sleep and

much physicking. About a third of his life was spent in these attacks of asthma. In listening to his life-history, I noticed that he dated his asthma to a cold caught during a child's disease with a cutaneous eruption, and also, judging from his subjective symptoms, I concluded that he was suffering from an enexanthema, an internal skin disease of a specific nature. I treated him nearly a year on this hypothesis, and he got a strange coppery condition of the skin, which peeled off almost all over his body, much of his hair falling out at the same time. He was forthwith free of his asthma, and never had it again during the two following years, at the end of which period I

lost sight of him. His skin became quite healthy, and his hair grew again.

ASTHMA, PSORIASIS, AND ENLARGED
LIVER.

A gentleman of thirty came under my care some years since, suffering from asthma, enlargement of the liver, psoriasis, and eczema. When his skin was very bad, his breathing was well ; and conversely, if his skin got well, he was almost sure to get an attack of asthma, particularly in certain places. I treated his liver and his skin for many months—in fact, for nearly three years. It is now nearly two years since he had any attack of asthma, and he is well of both skin

and liver, though sun and wind still affect his skin unduly.

HYDROCEPHALUS, ECZEMA, LATENT
VACCINOSIS.

In the early part of the year 1885 I was requested to see the only surviving child of a country clergyman, who had been given up by three medical men, as it had water on the brain. The child's head was of the usual hydrocephalic type; he was alternately wakeful and delirious at night, and he talked nonsense by day at intervals. Their local doctors had taken a consultant's opinion, and they agreed that the boy was suffering from tuberculosis of the meninges with effusion, of which a little brother

had previously died. The child's life-history was told to me, and I underlined the facts that he had had eczema, and had been twice *unsuccessfully* vaccinated. After the *unsuccessful* vaccinations (want of organismic reactionary power) the eczema almost disappeared, and very soon the present disease began. I treated the case thus causally *ex-hypothesi*; a severe pustular eruption, and then patches of lepra and eczema appeared, and at the end of about six months' treatment I was able to discharge the little patient, cured of his water on the brain and of his skin diseases. I saw him the other day, and learned that he continues well and has grown a good deal.

ECZEMA CAPITIS SUPPRESSED—
FATAL ISSUE.

About nine years ago the wife of a staff-officer brought her bonny little baby to me : it had the milk-crusty scalp, so horrible to æsthetic mothers—in fact, it had *crusta lactea*, or *eczema capitis*. The scalp appeared one solid crust of scabs, but the child seemed perfectly well and jolly. I prescribed for the child *constitutionally*, and forbade all local treatment. The lady's father, however, was a retired physician of repute, and he went to stay at the daughter's house. Seeing the grandchild's eczema, he told the mother to use an ointment to the scalp. She told her father

of my warning not to put anything on the bad head, but the old gentleman over-ruled it, and prescribed *unguentum zinci*, which soon healed the eczema. About a fortnight later I was suddenly summoned by telegram to see the child: it had been taken with convulsions from effusion on the brain, and the local doctors were already nonplussed. I did my best to get the eczema back on to the surface of the scalp, but totally failed; the child died, and the grandfather sobbingly cried, "Oh! that zinc ointment."

DOUBLE CATARACT FROM
SUPPRESSED ERUPTION.

A Middlesex grocer brought his bright little boy of six or seven to

me about two years since : the boy had double cataract, and was quite blind. Said the father to me : He used to have an eruption on his head, but that was cured by the doctors at the — Hospital for Diseases of the Skin. And soon *after* he was cured of his eruption we noticed his sight was failing—before that his sight was all right.

ECZEMA, OPTHALMIA.

A lady of fifty came under my care in October 1879. Two years previously she had had eczema of the vulva, with much nocturnal irritation. Dr W. cured it with bran water and vegetal diet. In August 1879 she got eczema behind the right ear, when her physician gave

her *Graphites* 3^x and *Mer. sol.* 3^x in alternation.

In September of the same year she went to A——, and there met a doctor, who gave her a saline draught, and an ointment containing zinc, lead, and mercury, to be applied at night.

This cured the eczema. She came to me for an inflammation of right eye, that came very soon after the eczema was cured. I explained to her that the ophthalmia and the eczema were really the same thing, and advised constitutional treatment, to which she consented. She *was worse at the sea-side*, she was constipated, her skin was dry, *salt* beef caused con-

stipation and faintness, and she was low-spirited. *Natrum Muria-ticum*, 6 trit., and other remedies, cured her constitutionally, and she had not had any return of skin disease or ophthalmia, when her husband called on me, on June 2nd, 1885, or more than five years thereafter.

OSSIFIED HEART FROM SUPPRESSED
ECZEMA.

In the year 1874 I was attending a country squire for eczema of the whole body of a very bad type,—in fact I never saw a worse case. He could not undress without laying a sheet on the carpet, as the quantity of dried scabs that fell off was really considerable: after undress-

ing he was in the habit of using the coal-shovel to shovel them up. I treated him to the best of my ability for a long time, but in vain ; he grew rather worse than better. I called in a consultant of very great experience and world-wide reputation, and we treated the case together ; but the eczema defied us, and so did the patient too. He sent for me one day, said he was sick of the weary, weary "constitutional treatment" of which I was always telling him. I solemnly warned him against local measures, such as baths and ointments, saying : "Remember this, Mr —, I acknowledge that I have quite failed to cure your eczema with my 'constitutional treatment,' at which it

pleases you to poke fun, but *you yourself never enjoyed better health in your life*, although your eczema is indeed almost as bad as ever. You are disgusted with your foul disease, and you mean to be rid of its outward expression, come what may. I am sorry for you."

He went to an eminent special skin doctor, now deceased, and in a few months was cured of his eczema by means of ointments, washes, and mineral waters.

For four years I did not see him, and then he called to consult me *about difficulty of breathing* that had been slowly creeping on for several years,—in fact was first felt not long after his being cured by Mr S. of eczema. I should have said that

the patient in question told his skin doctor of my warnings anent his eczema, and this gentleman made light of it, declaring that it was my incompetence to cure that deserved attention, and used such language about me professionally that my patient would not allow my name to be mentioned in his house for nearly three years. Then his dyspnoea became a serious matter, and his physicians all failed to cure it, though they all declared that his lungs were sound. At last he found that an extra glass of champagne, a tiny incline, the gentlest game of croquet, all upset his breathing, and the doctors' skill failing, too, he went to the South of France, and to spas, and then

to lung specialists, but all to no purpose—his breathing slowly and surely grew worse. Finally he came to me, “to please his wife.” He seemed quite well to look at; there was no trace of his former eczema on his skin; his lungs were all right, but his heart was irregular in its action, and there was neither apex-beat nor radial pulse. No medicines did him any real or permanent good, though many well-chosen remedies relieved his various symptoms; in fact, I cured all his symptoms over and over again, and then he died of his disease. We had a *post-mortem* examination of the body, and found ossification of the heart in about two-thirds of its extent, with os-

seous and quasi-osseous adhesions to the diaphragm, and shrinking of the liver.

No doubt, to my mind, about the genesis of the degeneration of the internal organs. When Nature was prevented from speaking as eczema by Mr S.'s skin-gagging, she used the internal parts wherein to deposit the irritant material which produced inflammation and ossification of the most vital organ—the heart—rendering a continuation of its functions impossible. Such are the facts, and such my reading thereof.

In these pages I rely purposely on my own observations exclusively, but the following excerpt from the

very orthodox *Record* is so consonant with my views, that I here interpolate it:—

DISAPPEARANCE OF PSORIASIS AND
TRACHOMA AFTER ERYSIPELAS.

Striking instances of internal affections being cured by some outward, or other, acute manifestation constantly recur in medical literature. A few years since I was reading in the *London Medical Record* (April 15, 1886, p. 155, *et seq.*), that—

“Dr Porfiry G. Bazaroff, of Belyi Klutch, records (*Proceedings of the Caucasian Medical Society*, No. 18, 1885, p. 433) the case of a highly scrofulous soldier, aged 22, who was admitted with general psoriasis

vulgaris of two years' duration, severe trachoma of long standing on both sides, and enlargement of the cervical and submaxillary glands. The treatment failing to relieve any of the patient's extremely obstinate and troublesome affections, the regimental surgeons resolved upon placing him on the roll of 'unfit for service.' About that time, however, the patient was suddenly attacked by erysipelas of the face and head. There was nothing peculiar either in the course or in the treatment of the disease. The erysipelas disappeared in seven days, and with it the trachoma, the glandular swellings and psoriasis (first of the face, then—after two hot baths—of the remaining parts)

also disappeared, leaving no trace. 'In fact, in a week an "unfit" became quite a healthy man,' the author adds. Dr Bazaroff mentions, also, a rather obscure case of a young soldier, who had suffered from daily and nightly incontinence of urine, of two months' duration, and who got rid of the symptoms after an attack of erysipelas of the face and head. In another patient, a boy, aged 22 months, with congenital hydrocephalus of the progressive kind, a mild attack of scarlatina was followed by a steady diminution in the bulk of the head (in a month the large circumference lessened a centimètre, the minor 3), an improvement in his general state, &c. Two months later, however, the

child died from general convulsions. [Dr M. Tümpovsky recently published a case of disappearance of ascites from erysipelas (see the *London Medical Record*, May 1885, p. 199). Dr K. Koltchevsky saw a case of trachoma cured by erysipelas (*Ib.*, July, p. 296). Dr Mishtolt's patient was cured by the same disease from sarcoma (*Ib.*, January 1884, p. 11). In the *Vratch*, Nos. 38-41, 1882, Dr F. J. Pasternatzky, of Professor J. T. Tchudnovsky's clinic, details two cases of the disappearance of hepatic ascites under the influence of typhus fever, and a case of renal dropsy cured by relapsing fever. In the *St. Petersburg Med. Wochensh.*, No. 43, 1883, Dr Schmidt published

a case where erysipelas of the chest had caused a rapid disappearance of an enormous pleuritic exudation. —*Rep.*]"

All this surely proves that topic disease is not local, but *organic and organismic*.

ECZEMA WITH INTERNAL METASTATIC SYMPTOMS.

A few years since—May 1886—I met with a very striking example of the intimate connection that exists between a skin affliction and internal symptoms. I had seen the lady in town, and prescribed for her on April 13th, 1886, and I received the following letter, subsequently. I give it just as I received it, and will let it tell its

own simple though instructive tale :—

“A few days after I came to see you I was very unwell—at the usual time—which commenced four days too soon, and lasted nine days. On the fourth day, Sunday, April 18th, I was taken at 5 A.M. with fainting, &c., as before ; took brandy just in time to prevent going quite off. This was followed by sickness, alternate heat and chill, and I was unable to take any food without causing sickness ; I was so ill that my brother became anxious, and sent for the nearest homœopathic doctor. The sickness continued frequently until he arrived about 1-5 P.M. I was very weak and in my room for some days.

“During this time the eruption on hands and face disappeared, and the cracks healed, but as soon as I recovered it broke out again and was worse than ever on my face, large patches of spots constantly running with heat and irritation. Both face and hands were much swollen, and the eruption extended to wrists and neck—right side of neck below the ear being swollen and tender.

“After a few days the fingers and backs of hands became very badly cracked ; for ten days I could scarcely use my hands, and they are still very sore ; there is less tendency to heal than usual, and considerable irritation ; the joints of fingers are also swollen.”

This lady had previously had catalepsy on various occasions, and she consulted me for the neurosis principally.

ERUPTION ON SCALP—CATARACT.

The following case is very instructive, as showing the nature of a skin affection of the head (scalp), and its power of expressing itself in the lens if compelled to retire from the outer integument.

Towards the end of the year 1880, a boy of four was brought to me from the South of England. His sight was good until he was about two years old, when he had incipient cataract in the right eye, then in the left one, and at the age of three he was blind.

I elicited the following noteworthy anamnestic point: He used to have great irritation of the skin ever since he was a few months old; when between eight and nine months old he was treated for it with "sulphur ointment, a lotion, and medicines."

After the first medicine which I ordered him, an eruption came on his skin, and more particularly on the scalp, and he began to see! His mother reported that he altered in his gait, for whereas he formerly looked straight out before him fixedly at the light, now he bends forward. He further astonished his parents by remarking that there was a certain colour in

the painted ceiling, pale green. There was also slight but evident change in the opaque lenses themselves.

Now, although I had given to the parents, as my opinion, that the cataract was a direct consequence of the cured (suppressed) skin affection from which the child had suffered, still, no sooner did my medicine begin to bring back the eruption to the scalp than the mother forthwith applied some zinc ointment she had in the house! The zinc ointment did its work very promptly and effectually; the eruption disappeared, and so did the returning vision,—*i.e.*, the boy went quite blind again, and re-

mained so. He also began to talk, laugh, and cry in his sleep again as he had previously done.

The further course of this case showed most conclusively that the opacity of the lenses, and the scalp eruption, stood in causal nexus,—that is to say, they had a common cause. Orthodox medicine *cured* the eruption with ointment, then came the cataract, which is again *cured* by operation. Truly, we live in an age of wisdom and enlightenment.

VACCINAL DERMATITIS.

Although I hold that vaccination, in due dose, protects, on the homœoprophylactic principle, from small-pox, still it is nevertheless a

fruitful source of skin diseases. I may be allowed to transcribe a few cases from my little treatise, entitled "Vaccinosis and its Cure by Thuja, with Remarks on Homœoprophylaxis" (London and New York, 1884), which illustrate this point, viz.:—

PUSTULAR ERUPTION.

Mr J——, a hale-looking, middle-aged London merchant, came under my observation on November 3rd, 1881. Said he, "I am not a homœopath, but twenty years ago I had eczema, and the allopaths could not touch it, so I went to a homœopathic doctor, and he cured me." And he went on to say that he believed in homœopathy for

skin diseases. On the left leg he had a pustular eruption, due, he believed, to a bruise. He had also eczema of the ear, and he volunteered the information that ever since his second vaccination he had been subject to eczema. The eczema of twenty years ago was soon after the re-vaccination.

R. *Thuja Occidentalis* 30. Four three-drop powders to the two dozen. To take one, dry on the tongue, three times a day.

He came in a week nearly well; the pustules had at once begun to wither.

The *Thuja* was repeated, but in less frequent doses, and the patient subsequently sent word by his brother to say that his skin was

well, and he himself too busy to shew himself as he had promised.

PUSTULAR ERUPTIONS.

Miss —, æt. 18, was re-vaccinated in July 1881, at her parents' country residence, thirty miles from London, by the local surgeon, with "lymph" direct from the calf. The operation was very successful, and she had a very "fine" arm. But as the "arm" was just at its greatest perfection she got an eruption on her chin, covering its whole extent and involving the lower lip. The thing was very unsightly, and had a singularly ugly, repulsive aspect. The gentleman who had done the re-vaccination was of opinion that Miss — had got some of the

vaccine virus on to her finger-nails and inoculated herself by scratching. The sequel, however, shewed that the chin manifestation was from within. The surgeon had ordered applications, two of which were vaseline and zinc ointment, but the eruption on the chin was not to be got rid of. The young lady had to wear a dense veil to hide her face when driving out. She was brought to London for my advice, and I gave *Thuja* 30. In a fortnight she was out and about, and only some diffused redness of the skin remained, but no scar or thickened skin. Now, it might be objected to this case that the *Thuja* had nothing to do with the disappearance of the eruption, because it was just

the history of the disease : it ran through its natural course and died. I thought that to myself at the time of prescribing it ; but against this was the fact that the arm had healed already, and it had depassed the natural course of vaccinia by at least a fortnight when I first prescribed the *Thuja*. But to have a test, I gave her brother, who also had a somewhat similar pustular eruption (and who had been re-vaccinated at the same time), but more spare, and instead of being on the chin, it was around the left nostril. I say, to have a test, I gave this brother of Miss — *Antimonium tart.*, which is also, as every one knows, apparently homœopathic to such a pustular eruption.

This is the brother of Miss ——
(*observ. iv.*)

The two eruptions were similar, though the boy's was comparatively trivial, and of the same age, and from the same cause, *i.e.*, from the vaccine virus. The patients went into the country, and in two or three weeks' time the mother wrote that the young lady was quite well : "the medicine soon put her right," was her expression, but the boy had "a bad cold in his head ; nose-bleed ; left side of nose swelled and red ; two little spots of matter, the size of a large pin's head, at the edge of the nostril, and below it, having something the look of ——'s chin ; his arm is also not well, and he has had four little pocks about the vac-

cination marks." I sent *Thuja* 30, and he was reported well in ten days.

If anyone can account for the cure of these two cases independently of the *Thuja*, his ingenuity is greater than mine. That they were causally connected with the re-vaccination admits of no doubt whatever.

HAIRLESS PATCHES ON CHIN.

Mr —, a London merchant, came under my care on July 27th, 1882, to be treated for some roundish hairless patches on either side of his chin, which began four months ago. The larger patch on the right side was about the size of a florin. Had also an old hordeolum on his right lower eyelid.

Has been twice vaccinated; the second time, twelve years ago, did not "take."

R *Thuja Occidentalis* 30 (4 in 24). To take one, dry on the tongue, at bedtime.

Sept. 7th.—The bald patches are smaller, the one on the left side nearly gone. Has, apparently, a very bad coryza — (?) organismic reaction.

Rep.

Oct. 17th.—The bald patches are gone; the old hordeolum also gone. The closely-shaven beard is now uniform, the previously - existing white bald patches being completely covered with hair.

I give this as an interesting cure

by *Thuja*, but I am not very sure that the disease was really due to vaccinosis, because of other points in his clinical history. Still it might have been so, as the hair is very powerfully influenced by the vaccine poisoning. Thus Kunkel observed both a very weak growth of hair and an excessive growth, especially in wrong places, as effects, he believed, of vaccination. Therefore, let it stand as a doubtful case of vaccinosis for what it may be worth,—but there can hardly be any reasonable doubt as to the cure of the case by *Thuja*.

Here it might not be amiss to observe casually that the presence of sties on the eyelids is often, in my opinion, a symptom of vaccinosis.

This case is not without practical importance, inasmuch as hodiernal medicine hands over a sty to the surgeon's art ; and all the time, poor old dame, weens herself so very much superior to scientific therapeutics usually called homœopathy. The conceit of the orthodoxly ignorant is truly sickening.

ACNE OF FACE AND NOSE, AND
NASAL DERMATITIS.

A young lady, about twenty years of age, was brought by her mother to me on October 28th, 1882. Patient had a very red pimply nose, not like the red nose of the elderly bibber, or like that due to dyspepsia or to tight-lacing, but a pimply,

scaly nasal dermatitis, which extended from the cutaneous covering of the nose to that of the cheeks, but appearing more as facial acne. The nasal dermatitis was, roughly, in the form of a saddle. Of course this state of things in an otherwise pretty girl of twenty was painfully and humiliatingly unpleasant to her and to her friends,—in fact, it was likely to mar her future prospects very materially, more especially as it had already existed for six years and was making no signs of departing. She also complained of obstinate constipation. The pimples of the nose and face used to get little white mattery heads. In trying to trace the skin-affection back to its real origin I ascertained

that the patient was re-vaccinated six years ago, but she could not remember whether the nose was previously affected or not. This re-vaccination was unsuccessful, *i.e.*, it did *not* "take."

R *Thuja Occidentalis* 30.

November 30th.—Pimples of face decidedly better. Nose less red. Constipation no better.

R *Thuja Occidentalis* 100.

January 3rd, 1883.—The face is free! Her mother gratefully exclaims, "She is wonderfully better." I ask the young lady which powders did her *most good*; she says, "The *last*." The skin of the nose is normal, but the constipation is no better, and for this she remains under treatment.

That *Thuja* cured this case is incontrovertible; but that it was a case of vaccinosis is not quite so certain, though it is far from improbable. The re-vaccination and inflammation of the skin of the nose were referred both to six years ago when she was in Switzerland at school; but patient could not remember which was first, the bad nose or the vaccination.

DISEASED FINGER-NAILS.

On December 22nd, 1882, a young lady of twenty-six came under my care for an ugly state of the nails of her fingers. Naturally a lady of her age would not be indifferent to the state of her nails.

These nails are indented rather deeply, and in addition to these indentations there are black patches on the under surfaces of the nails, reaching into the quick. Very slight leucorrhœa occasionally. She had chicken-pox as a child of eleven. On her shoulders there is an eruption of roundish patches forming mattery heads. Has been vaccinated three different times ; the last time two years ago, and the nails have become diseased *since* this last vaccination. The black patches have existed these eighteen months.

Looking upon this diseased condition of the nails as evidence of chronic vaccinosis, I ordered her *Thuja* 30 (one in 6).

March 19th, 1883.—Has continued the *Thuja* 30 for just about three months, with the result that within a fortnight from commencing with it the black patches under the nails began to disappear, and there is now no trace of them. The indentations are notably better. The eruption on the back has not been modified, and for this she remains under treatment ; but I thought this much of a case of nail disease would be of some interest, and the more so as it is not easy to demonstrate drug-action on nail growth at all.

The foregoing cases sufficiently exemplify the causal nexus existing, as I believe, between vaccination

and diseases of the skin. However, by no means must be attributed all skin affections, following closely or remotely in the wake of vaccination, to the pathogenetic effect of the vaccine virus itself; it *does* cause numerous skin diseases without a doubt, but it also, and frequently, *rouses latent disease* for which anti-vaccinial treatment will, of course, not suffice.

RINGWORM OF SCALP—CATARACT.

At the beginning of 1883 a boy of six was brought to me, from Yorkshire, with opacities of both lenses. The failing of his sight was first noticed in 1881. Had been under an oculist of repute, who

had given some drops to be put into the eyes, but these drops could not be used after the first instillation, as they "made the child like a dead'un for days." Has been delicate all his life, and notably worse since the measles in the summer of 1880.

Had ringworm of the scalp in the summer of 1879, which was cured by internal (probably tonic) and external treatment. The father says he is "wick," which he explains means *lively*. After four months of Sulphur 30, and then of the 200th, this report came—"My boy is still improving with his eyes slowly ; they have not that large glaring appearance ; look more natural, and he has not been

excited in his sleep; I think his head is cooler."

A little later I received a letter to say that the boy had "ringworm on his scalp again!" That was the last I heard of him.

The connection of cataract and various skin affections has long been noticed and written about by numerous authors, but the doctrine is not accepted by many. On this point I take the liberty of referring to my treatise on Cataract,* which, through the kindness of my learned friend, Dr Goullon, of Weimar, has lately been translated into German. From it I quote the following, bearing thereon (pp. 47, 48).

* "Curability of Cataract with Medicines." London and New York, 1880.

SCABIES—CATARACT—FURUNCLES.

Young man, æt. 20, had had the itch one year and a half ago, of which he got rid by internal and external use of medicines. Later, he had an attack of intermittent fever, which he cured with pepper and whisky. A short time since he discovered that he could not see with his left eye. The eye had a dead look ; pupil was enlarged and immovable ; in the middle of the lens there was an opacity, as if it had been punctured by a needle ; the lids and conjunctiva were somewhat reddened. On holding the hand quite near to the eye he could dimly discern the fingers. August 2, *Sulphur* 6 ; August 9, SEVERAL

PIMPLES ON THE FACE AND ARMS. Sight better. *Sulph.* 6, which was repeated on the 19th, 26th, and 29th of August, and on the 3rd and 23rd of September. THERE APPEARED A NUMBER OF FURUNCLES ON THE ARMS ; the eye looks natural again, and he sees as well as ever before.—(Fr. Emmerich, “Arch.” XIV., iii., p. 105. In Raue).

And then (pp. 7-78)—

Dr Bernard gives an epitome of fifteen cases from Rückert's *Klinische Erfahrungen*.

I will only give the fifteenth at this place.

CRUSTA LACTEA.

The fifteenth is this : *Crusta lactea* disappears and cataract supervenes,

which latter is cured with *Spirit Sulph.* (*Autore*, Schœnfeld).

Dr Bernard also notes that in several of the cases habitual perspirations re-appear, or a cutaneous eruption either appears or re-appears.

Need we any further proof that cataract is a *cutaneous* affection?

TETTERS.

Dr Becker treated a carpenter who had been affected for some time with tetters about the face, which disappeared after a while without his taking any medicine, but his sight became impaired, everything appeared in a place different from its real position, so that he was unable to use his tools properly.

The pupils presented a misty,

smoky appearance, as in the forming stage of cataract. He received *Sp. Sulph.*, ten drops three times a day; *the old eruption re-appeared*, and he now saw everything in the right position, but otherwise his sight was not improved.

Then on March 22nd, *Aq. Silic.* was administered in doses of seven drops daily, and this was followed by a great improvement in his sight. He perspired easily, and had much perspiration about the feet. Deposit in urine like lime.

July.—A rheumatic inflammation of the foot set in.

SUPPRESSED PERSPIRATION OF FEET.

The same gentleman treated a lady whose feet generally perspired

freely and then became very dry, and thereafter she noticed that her sight became affected in such a manner that everything she looked at appeared to be enveloped in a cloud; she could only read large print.

Aq. Silic. was administered in doses of ten drops twice a day. *The accustomed perspiration of the feet returned again* in about a month. Her eyesight became much better. Two months later, at the time of menstruation, her eyes became worse again, and she then took twenty drops *Ac. Silic.* three times a day, after which she improved very much, could read better, and continued taking the same remedy.

SCABIES—AGUE.

(Pp. 98, 99, 100)—

M., aged 20, tinsmith by trade, was affected a year and a half ago with the worst kind of itch, and subsequently with fever and ague. Sometimes he had tearing pains in the left eye, and some itching of the skin, to which he paid very little attention ; suddenly he noticed, however, that he had become completely blind in the left eye.

Symptoms.—A staring look of the left eye ; pupil dilated and immovable ; in the centre of the lens there was a slight opacity ; his sight was almost extinguished.

Treatment.—August 2.—*Sulph.* 6 ; from August 9th to September 23rd, six doses of the same.

Six days after the first dose, *many pustules appeared on the face and arms*; in the meanwhile his eyesight improved so much that he was enabled to distinguish large letters. From September 13th to September 23rd, *furuncles on the arm made their appearance*; after that the skin became clear again, and the affected eye was as useful as it had ever been before.— (“Arch.” XIV., v., p. 105. Emmerich.)

Of the connection of the skin and the lens embryologically and pathologically I will say no more, merely referring those interested in the subject for further information to “Curability of Cataract.”

THE "STERNAL PATCH."

One often meets with liver affections connected with cutaneous manifestations.

I would like particularly to refer to a patch of eruption on the skin covering the lower part of the sternum, which I have several times found co-exist with heart disease and swelling of the left lobe of the liver. In my case-takings I call it the "sternal patch."

I have four such cases in my mind at this moment. The first I will narrate is that of a mayor of a large town in the north:—He had a patch of brownish lichen on the sternal portion of thorax, of the size of a woman's palm; with it

were associated an enlarged liver and a cardiac affection, evidenced by palpitation, systolic murmur, and general uneasiness. He came to town to see me at odd intervals for about two years, and was then discharged cured. I treated him antipsorically and organopathically, the most notable benefit being derived from *Carduus Mariæ* in five drop doses of the strong tincture given three times a day.

The second, I remember, was a Manchester merchant, with the same kind of cutaneous patch on the sternum, and very notable heart trouble, with arcus senilis as a concomitant. Here the ease and comfort brought by the *Carduus Mariæ* were very striking. Under

date of January 31st, 1883, I find in my case-book these words of the enthusiastic patient,—“It had a most marvellous effect; soon made me right; the patch went away in a fortnight; had had it for years.”

This gentleman has remained under my care, calling upon me at odd times when in town, and during the past two years has had, besides the strong tincture of *Carduus*, *Bellis Perennis* 1, *Aurum Metallicum* 4, *Vanadium* 6, and *Acidum Oxalicum* 3^x, and some other remedies, and I consider him vastly improved, and his life—speaking commercially—worth 40 per cent. more than previously.

The third case was that of a New York merchant, who suffered from liver, and had come over to Europe to consult a physician, as he seemed to get no better from the treatment of his New York advisers. I found his liver very much enlarged, and also the before-mentioned sternal patch of skin disease. I gave him *Carduus* in like dose to the foregoing, and he came in a week declaring himself quite well. I advised him to remain awhile under observation, to see if the cure proved permanent, but he hurried out of my room in great glee, and I never saw him again.

The fourth case in which I found the sternal patch and enlarged

liver, giddiness, and palpitations of the heart, was that of a London lawyer. Here the liver got well, and the heart too, together with the giddiness, but it needed a course of antipsoric treatment to finish the cure of the patch of diseased skin. I might say the same of a fifth case,—an officer in the Royal Navy, where this patch co-exists with hypertrophied liver, and in which the affair has a specific air about it, probably inherited.

SARCOGNOMY.

I foretell that, in the future, when the relations of the various cutaneous regions will be recognised as constituting the very base

of medical and medicinal diagnosis, this *sternal patch* will be understood to indicate "liver and heart."

CHIN AND THROAT AFFECTIONS.

At the commencement of 1873 a young lady came from a distance to consult me in regard to her throat. She told me she had originally relaxed sore throat, and went to Mr —, who cauterized it a good many times, and she used gargles and other local means on his advice. Her throat became better, but she then got a series of quinsies. Then came recommendations of changes of air and tonics. She had thereafter nothing to complain of in her throat, but her chin had become

—

the seat of some nasty spots. For these she returned to the same gentleman, who cured the chin with ointment. After her chin got well, her throat again troubled her. Renewed cauterizings; throat again cured. Then the face and chin were covered with spots and pimples afresh. So she went on for six years under the most many-sided surgeon of the day, who writes so very philosophically about the pedigree of disease, but who treats his patients generally locally all the same, absolutely unmindful of the twaddling dictum about "gleams of a fruitful suggestion." Well, as this young lady's chin and throat persisted in playing hide and seek, she felt constrained to try something

else. I went into the case carefully, and found that the real *seat* of the constitutional disturbances giving rise to the symptoms in the throat and on the chin was neither in the throat nor in the chin, but in the *ovaries*, and so, of course, the silly treating of the throat and chin had led to nothing.

THE ABSURDITY OF SPECIALISM.

Probably it would not be easy to obtain a more striking example of the absurdity and futility of ordinary local treatment usual with most of the so-called specialists than this :—

Miss Nora ———, twenty-four years of age, was brought to me in June 1885, that I might give my

opinion of her case. My treatment was not sought at that time. Twelve years previously she had scarlet fever, and following thereon, measles. Ever since then she has been deaf. She has been subject to hay fever these twelve years, and also bronchitis. Her father has hay fever, and also one of her brothers. She is also subject to a very severe form of nettle-rash; at her menstruation she suffers "excruciating agony," and the discharge is very profuse and very clotted; very bad leucorrhœa.

The treatment she had was at first that of their ordinary (homœopathic) family physician, who, failing to relieve the dysmenorrhœa, took her to a gynæcologist of great

reputation, who performed an operation, but it did no good at all. She then was treated by the family doctor for her bronchitis. Then she was sent away for her health, for varying periods and to various places.

Now she is actually under two specialists; one treats the ear, and the other is treating her hay-fever. In addition to these two learned brethren, her mother is also treating her "nettle-rash" with domestic homœopathy.

With all this local tinkering and pottering and domestic messing, she is no better. No one has attempted to take a view of her entire economy as a living unity. Is it any wonder that all these fruit-

less measures have made the poor girl almost bewildered ?

RELATIONSHIP OF SKIN AFFECTIONS
TO INTERNAL ORGANS.

As illustrating the *general* nature of skin affections, and their intimate relationship with other organs and parts, I will narrate a part of the history of a lady of rank, now 40 odd years of age.

Originally, some fifteen or more years ago, she had badly ulcerated legs, and her local surgeon cured them quickly with an ointment. Soon after this cure—of which both patient and doctor were very proud—she had ulcers on the eyes, which a late eminent oculist cauterized, without being able to

get rid of them ; then a very noted London physician saw her, and said he thought the ulcers on the eyes were due to the too rapid cure of the ulcerated skin of the legs, and ordered her to use vinegar compresses over her shins, with the object of inducing fresh ulcers ; but, *at the same time*, he ordered her to use golden ointment to the eye ulcers,—which golden salve forthwith cured them. The vinegar compresses produced an eruption on the legs, as they will on most people.

How this unctuous physician could give an opinion that the eye affection arose from the quasi-cured leg ulcers, and then forthwith order an ointment to cure the eye ulcers

on precisely the same lines, might at first sight seem strange, only one knows of him that he mistakes a jumble of second-hand clinical tips for laws of therapeutics.

Presently the poor patient found that getting rid of corneal and conjunctival ulcers with golden ointment was anything but a cure of the disease essentially, for the next step of the progress of the disease was *in* the eye, *not on* it. The *inside* of the eye not lending itself to unctuous handling, it was sought out with the—knife! The operation had to be repeated several times. Well, it's a long, weary story, and patient is nearly blind, and almost eyeless these several years.

I was listening to this history

two days ago, and the poor lady exclaimed, "Ah! if I had but never used that golden ointment."

ECZEMA—ENLARGED OVARY—
CHRONIC OOPHORITIS.

It is about two years since a lady of 40 came from a distance to see me; she was an invalid, and had not had a month of good health for many years. I found her suffering from chronic oophoritis of the right side, which recrudesced every month at the menstrual time, and which was often accompanied by circumscribed peritonitis. The ovary was enlarged to about the size of an orange, was very tender, and was clearly attached by post-inflammatory adhesions

to the peritoneum. The dysmenorrhœa was very terrible, and the periodical peritonitis was quite an illness. She had leucorrhœa, and her visage told the tale of great and repeated sufferings. Treatment has quite cured her, and she now leads an active, useful life ; but that is not the point I wish to dwell upon, but rather upon its origin.

I found from her history that she used to suffer from eczema ; she went to Erasmus Wilson, who prescribed " zinc ointment and other things," and quickly cured it (the eczema). Patient herself *denied* "ever having had anything the matter with her skin ;" it was her relations who told me of the old eczema.

People have certain preconceived ideas of diseases : if they know you are suffering from "liver," they smile ; if you have anything wrong with your brain, rendering you insane or vicious, they are afraid of you and lock you up in an asylum ; if you have anything wrong with your skin, they shun and despise you, little weening that the same or a like morbid essentiality may be at the bottom of them all. And hence, when questioned about their "skin," people not infrequently stop short of all the truth.

CONSTITUTIONAL NATURE OF LUPUS.

It is very curious that even where some eminent and thought-

ful dermatologists admit the constitutional nature of a given skin disease, they still adhere to the *local* treatment. For instance, it is now thought and taught by some advanced men that lupus is a tuberculous disease of a bacillary nature.

As giving the latest views on the pathology of lupus—the most terrible of all skin diseases—I should like to quote freely from Dr Walter G. Smith's paper in the February (1885) number of the "Dublin Journal of Medical Science."

Professor Smith says :

"Turning now to the pathology of lupus, we find two chief views prevailing as to its ætiology—

“ I. What may be termed the Anglo-French school,—*i.e.*, that lupus has a constitutional foundation, and is allied especially to scrofula.

“ Mr Jonathan Hutchinson seeks, with Auspitz, to widen the signification of lupus, and contends for a clinical ‘lupus family’ of affections. He regards lupus on the whole ‘as a sort of cross produced by tendencies at once to scrofula and cancer, while it receives many modifications, from peculiarities in the patient’s skin and his morbid tendencies, in one or the other direction.’ It is interesting to note that a similar view was put forward as novel at the time by Dr James Houghton, fifty years ago:—‘Were we called on’

to declare our opinion of the essential character of lupus, we should say that it is an intermediate pathological state between cancer and scrofula, partaking somewhat of the nature of both, but constituting a state in which, by the blending of these two diseases, many of their peculiar characteristics are lost.'

" 2. The Vienna school, as represented by Kaposi,—that lupus is an exclusively local affection, and hence constitutional treatment is rejected as useless. But notwithstanding Kaposi and the arguments he adduces, converging evidence has been accumulating in favour of the doctrine that lupus is a branch of the tuberculous stock; or, in other words, that lupus will find its true place

among the chronic infective diseases of the skin,—*i.e.*, those dependent upon the action of an organised virus capable of reproducing itself in the body (*e.g.*, lepra, syphilis, and tuberculosis).

“ The following remarks refer particularly to lupus vulgaris, for the nature of lupus erythematosus is still a matter of controversy, and Veiel places it among the superficial inflammations of the skin along with eczema and impetigo.

“ The question, then, is this— Syphilis has a specific virus, likewise leprosy and tuberculosis; is it so with lupus?

“ Ziegler, while he places lupus among the infective granulomata, admits that ‘ the exciting cause of

lupus is unknown.' Similarly Hyde — 'The causes of lupus vulgaris are absolutely unknown;' and Neisser, in his admirable article, to which I am largely indebted, and in which he upholds on general pathological grounds the tuberculous nature of lupus, says:— 'But I cannot yet adduce the exact proof of this connection, since neither I nor others have hitherto succeeded in demonstrating with certainty the bacilli of tuberculosis in lupous material.' He presently adds that he holds the forthcoming proof to be only a question of time.

"The question may be conveniently studied from three points of view—viz., clinical, histological, and experimental.

“ I. *Clinical Aspects.*—Upon this point suffice it to say that while Kaposi and his followers are unable to see any connection with scrofula or tubercle, and even ridicule the proposition, they have arrayed against them the testimony of numerous skilled observers in England, France, and Germany, who recognise the points of resemblance, and note the frequent coincidence of cheesy affections of the glands, bones, and joints with lupus. I cannot give statistics from my own cases, but certainly the association of lupus with scrofulous glands is sufficiently common here, and, with Fagge and others, I have witnessed the development of lupus secondary to suppurative strumous inflammation.

“ Now, since the fundamental unity of scrofulosis and tuberculosis has been established both on clinical and experimental grounds, if it can be shown that an intimate relation exists between lupus and scrofula, an argument will be furnished for bringing lupus into the tuberculous family. M. Besnier, one of the foremost French dermatologists, insists upon the connection between lupus and tuberculosis. In June and July 1883, among 38 patients under his care for lupus in St Louis, 8 presented well-marked physical signs of phthisis. Dr Tilbury Fox states that lupus, in many cases, occurs in phthisical subjects; and Mr Hutchinson has pointed out that phthisis is not unfrequently observed

in the families of those suffering from lupus.

“It is quite true that lupus is rarely observed in several members of the same family (Fagge), that it is seldom found in combination with general tuberculosis, and that we have no evidence of hereditary or of direct transmission in the human subject.

“2. *Histological*.—Careful investigations have shown that no essential difference can be established between a caseating miliary tubercle and a lupous nodule, which sometimes exhibits ‘the exact appearance of tubercles’ (Ziegler). The pathological processes in each are the same in kind, but differ in

degree. Thus in lupus it is less acute and less intense, and hence we get slower development of the inflammatory granuloma with a richer development of vessels, and consequently a more gradual destruction towards the centre, with peripheral healing and formation of spindle cell-tissue,—*i.e.*, cicatrix (Neisser). But the decisive proof—the demonstration of tubercle-bacilli in lupus material—remained to be given, and it was not long before Neisser's prophecy was fulfilled. Dr Robert Koch, following up Friedländer's anatomical investigations, examined seven cases of lupus of unimpeachable diagnosis.

“In 4 cases he excised parts of

the skin. In 3 cases he examined scrapings only of the lupous tissue.

“For direct microscopic investigation he used only the excised bits of skin. The tubercle-bacilli were found sparsely in each of the 4 cases, and only in the interior of the giant-cells. The tubercle-bacilli in lupous tissue are so isolated that in 2 cases the bacilli were not found until in the one case 27 sections, and in the other 43 sections had been made. Yet it repeatedly happened that when in a number of sections not a single bacillus appeared, sections taken close by exhibited one to three bacilli. Koch never found more than one bacillus in a giant-cell.

“According to Unna, the bacilli

are observable in quantity by partially digesting hardened specimens, and examining the precipitate that falls down. Demme, Pfeiffer, and Doutrelepon had published records of the occurrence of tubercle-bacilli in lupous skin, and in the tubercles of animals inoculated with lupus. But Koch states that his experiments were finished for some months before their communications were published.

“The curiously sparse occurrence of the bacilli in lupus suggests a ready explanation of some of the negative results of other histologists, and likewise forbids the hope of deriving material help in diagnosis from the use of the microscope. So far as I am aware, bacilli have

not been demonstrated in connection with lupus erythematosus.

“3. *Experimental.*—Koch made inoculations from all his seven cases into the anterior chamber of the eyes of rabbits. In every case this was followed by tuberculosis of the iris, and in those animals which lived long enough, by general tuberculosis. Numerous tubercle-bacilli were found in these inoculation-tubercles. From one specimen (excised from the cheek of a boy ten years old) he obtained pure cultures, which were several times utilized for successful inoculations on animals.

“Again, Pagenstecher made three inoculations from conjunctival lupus into the anterior chamber of the

eyes of rabbits. In two cases he succeeded; in one he failed. Microscopical examination of the two successful cases by Pfeiffer (Ehrlich's method) exhibited Koch's bacilli, duly recognised as such by Ziegler, Ehrlich, and others. Positive results such as these, coupled with those of Schüller and Hüter, more than counterbalance the negative results announced by Cohnheim, Hänsell, and others.

“Two years ago Vidal and Leloir could assert that ‘no results have been obtained from the experimental inoculation of animals with lupus.’ Gathering together, then, the foregoing evidence, we seem to be guided to the conclusion that lupus is a tuberculosis (scrofulosis) of the

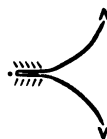
skin excited by the tubercle-bacillus. The localization of the bacillus in the skin, and the relatively rare involvement of other organs, constitute the peculiar features of lupus as compared with other forms of tuberculosis. The bacilli of lupus and tubercle are probably the same qualitatively, but there is a quantitative difference which is accentuated by the more unfavourable conditions of nutrition in the colder skin. Complications with tuberculous affections of other organs—*e.g.*, glands, joints, bones, and even with analogous skin affections—*e.g.*, ulcerating scrofuloides, are frequent. Their non-occurrence does not contradict the tuberculous ætiology of lupus.

“Genetically, then, there is only one tuberculosis of the skin, and we may say that while lupus is always tuberculosis of the skin, yet tuberculosis of the skin assumes other forms than that of lupus (Neisser).

“In short, the evidence is strong of the unity of cause in tuberculosis, lupus, and scrofulosis, although we do not yet know the special determining conditions of each case. Ewald even goes so far as to suggest *Morbus Kochii* as a clinical term for this group of three, by way of analogy to *Morbus Brightii*, but this innovation is scarcely likely to be approved. The subjoined table may be useful for reference :—

TUBERCULOSIS OF THE SKIN.

1. <i>Miliary Tuberculosis.</i>	<p data-bbox="253 939 378 1247">Miliary Tubercles and ulcers as part of a general tuberculosis. Caseates. Very rare.</p>
2. <i>Lupus (Tuberculo-derma).</i>	<p data-bbox="253 585 378 908">A harmless (<i>quoad</i> system) form of tuber- culosis, mostly limited to the skin. Does not caseate.</p>
3. <i>Ulcerating Scirfulo-derma.</i>	<p data-bbox="253 223 440 539"><i>i.e.</i>, ulcerations aris- ing from bursting of a "cold" subcutaneous abscess. Often yields well to treatment.</p>



Symmetrical.

Lupus erythematosus.
L. sebaceus, etc.
Very difficult to cure.

Unsymmetrical.

Lupus vulgaris.
L. exulcerans, etc.
Local Malignancy.

Aberrant forms.

“If asked for a definition of lupus, I would say it is ‘a very chronic new cell-growth, depending upon infection with the bacillus tuberculosis, always ending by scars, with or without ulceration, and usually developing brownish-red nodules.’”

Now, one would naturally say that if the ætiology of lupus be, as Dr Smith avers, really to be referred to the same bacillus as that of miliary tuberculosis, then it must be simply a local affection, and the disease would be cured by external local treatment. And Dr Smith is true to this view, for he says, “It will be generally admitted that local treatment is

the more important." But this is not *my* experience, for I have never seen a single case of lupus really cured by local treatment, though I have sometimes seen the morbid process stopped by very severe cautery or excision ; though even these severe measures commonly fail completely.

It is very difficult to cure lupus by internal medications, but it can be done ; and Dr Smith himself quotes Dr J. Warburton Begbie as mentioning that many years ago, when a student in Paris, he saw numerous cases of ulcerating lupus in the wards of St Louis' Hospital, which were materially benefited, and some apparently cured, by the administration of

cod-liver oil in very large doses, and that Dr Todd Thomson was extremely successful in temporarily, and sometimes even permanently, arresting the ravages of lupus,—undoubted improvement following the use of certain remedies, “chiefly iodine, iron and arsenic conjointly, while local applications were sparingly used.”

Although Dr Smith believes lupus to be dependent upon the tuberculosis bacilli, still he says :—
“ . . . On the whole, in reference to the internal medication of lupus, we cannot maintain that as yet we know of any specific against the lupus (*i.e.*, tuberculosis) virus ; and perhaps the most that can be done in this way is by strengthening the

constitution to increase the capacity for resistance of the body against the spread of the germs of the disease."

We see the Professor is slightly befogged in his notions as soon as he touches the art of *curing*!

Tout comme les autres !

Now, either lupus is, or is not, due to the same bacillus as tuberculosis; and if so, what relation does the lupus-bacillus bear to the lupus-virus? or are we to consider bacillus and virus the same thing?

If lupus is ever to be cured it must be cured by *internal* medication in some *direct* way by a medicament, or by medicaments, standing in *some* relationship to the *whole* lupous process; to pretend to cure

it by killing the bacilli is like the grand old way of catching sparrows by putting salt on their tails.

CASE OF GENERALIZED FAVUS.

If there be any one disease of the skin more than another to which one might accord the quality of being *local* and *external*, it is certainly *Favus*; and yet I read in the *London Medical Record* under the heading of "Case of Generalized Favus" (August 15, 1885), that—

"Professor Kaposi (*Wien. Medizin. Presse*, Oct. 26, 1884) exhibited at the Medical Society of Vienna a remarkable case of favus in which the disease was present on many parts of the skin.

“The patient having died of phlegmonous inflammation of the popliteal space, the autopsy was made by Professor Kundrat, who found that there was *favus of the stomach*. In the neighbourhood of the pylorus there was a patch of infiltration about the size of a 2-franc piece, covered with necrosed tissue 2 millimètres thick. In the exudation, spores and mycelium were found analogous to those present on the skin. It was not found in the intestine. The fungus appears to have provoked the disease of the stomach. The man had been a drunkard, and it is probable that the acidity of the gastric juice was sufficiently diminished to admit of the fungus developing,—an explana-

tion which, however, Professor Bamberger refused to admit."

In this case it would have been eminently instructive if Professor Kaposi (who treats almost every skin disease as a *local* affection) had given the treatment of the defunct Favus-bearer. That the treatment *was* local is almost certain. Moreover, one very naturally asks, Of *what nature* was the inflammation of the contents of the popliteal space?

TUMOURS AND THE SKIN.

An eminently instructive case came under my observation on August 13, 1885. A lady, just over 50 years of age, came to consult me with regard to a tumour in her

right breast, I having successfully treated a lady friend of hers for a similar affection. But it is not about this tumour, as such, that I wish to speak,—it is the antecedent constitutional condition of the patient that bears on my present thesis, viz., the systemic nature of skin diseases. Well, this lady had suffered from red angry pimples on her face, chin, chest, and back all her menstrual life, with coincident neuralgia of right ovary. She had in vain used washes, ointments, and baths for the skin; only temporary ease and amelioration resulted. But about a year before the date of her visit, she fell with her right breast against a bedstead, and a few

months later she noticed a hard lump in her right breast, and her family physician, with a consultant, urged immediate operation, to avoid which she came to me. Just as postscripts are said to contain the real *raison d'être* of a given epistle, so the parting observation of a patient often throws a strong light on a case. And so here. As she rose from her chair to go, she said, ". . . It is very funny, doctor, but my skin has been so much clearer since the lump came,—in fact I have very few pimples now ; I dare say that has nothing to do with it, but I thought I'd just mention it."

Precisely.

If I have in the foregoing pages

succeeded in showing that diseases of the skin are really diseases *of* the system, though *on* the skin, then my task is accomplished. In the near future I hope we may have some *definite* conception of the correspondences that undoubtedly exist between certain regions of the body surface and the internal organs, independently of general organismic interdependence, and then we shall, perhaps, be able to see why certain cutaneous diseases affect certain parts preferentially, and also why, when these diseases are driven in whence they came, by external means, certain internal organs have to bear the brunt of it.

FLETCHER'S "ETIOLOGY."

In his "Elements of General Pathology," p. 99, this great thinker says, in regard to the etiology of skin diseases, "Certain other peculiarities of diet, as the use of cream, cheese, honey, cucumbers, the kernels of fruits, etc., are a frequent exciting cause, according to the idiosyncrasy of the individual, of urticaria, lepra, pityriasis, pomphylx, and other cutaneous eruptions, all which seem to arise in these cases from sympathy with the stomach; and it is thus that psoriasis, acne, etc., result from cold drinks taken when the stomach is hot."

So that, at least in such cases as

Fletcher cites, if the treatment is to be local, in what condition is the stomach left? and which is the *locus morbi*, the stomach or the skin?

I am myself very much disposed to regard what Fletcher calls "the idiosyncrasy of the individual" as a *pathic* idiosyncrasy such as, for example, exists in those persons who are subject to hay fever.

ACNE FROM COLD DRINKS.

In this little volume I am, before all things, seeking to show that Diseases of the Skin have, for the most part, their origin, not in the skin itself, but are essentially cutaneous manifestations of some more

or less remote organic or organismic wrongs.

Thus Fletcher mentions *Acne from Cold Drinks*, and anent this I wish here to quote an interesting and instructive experience of my own of the curative effects of the *common Daisy* in complaints that are due to *wet cold*,—*e.g.*, acne of the face.

As I consider the observation of wider practical importance, I will give the source of my own knowledge.

BELLIS PERENNIS AGAINST THE
ILL-EFFECTS OF WET COLD IN THE
OVERHEATED.

I refer to "D. Johann Schroeder's Pharmacopœia Universalis"

(with Hoffmann's Remarks), Nürnberg, 1748. The Daisy is here commended in Hæmorrhage, Dysentery, as a "*herrliches Wundkraut*," internally and externally,—i.e., as a vulnerary,—for the effects of falls, blows, bruises and the like, pains in the joints, rheumatism (and hence called "*Gicht kraut*"), in nocturnal cramps, *angina pectoris*, fevers and inflammations; for lameness; and he says that German mothers were in the habit of using it for their children as an aperient.

An ordinary commendation of *Arnica* reads almost in the same terms, but what I would specially call attention to is this,—“This herb is useful to such as have

partaken of a too cold draught of something, for it possesses a peculiar quality, as shown by experience, of being useful in all those terrible and dangerous accidents that arise from having drunk something very cold when the body is in a heated condition." This important point I have verified, as will be seen later on.

Further, it would appear that Mindererus, in his *Kriegs-Artzeney*, cannot sufficiently praise the Daisy in such cases, for he declares that an account of this action of the herb *should be written up over all gates and doors for the benefit of the poor harvesters who in the hot harvest season get ill from partaking of cold drink*; its effect in such cases he

affirms is remarkable, and so prompt that amelioration sets in at once.

Christoph Schorer, in his *Medicina peregrinantium*, gives similar testimony, and says that he cured two men of dangerous coughs, with emaciation, that were due to their having drunk something cold when they were heated. And Schroeder affirms that it will cure dropsy due to drinking too much in "dog days,"—i.e., hot weather.

We know from experience the immense value of certain generalizations in the treatment of disease, as, for instance, *Arnica* for falls and bruises; *Hypericum* for wounded nerve tissue; *Dulcamara* for the ill effects of damp, and so on.

Now we may add this other, that *Bellis perennis* is curative of complaints due to drinking cold drinks when the body is heated,—*i.e.*, EFFECTS OF SUDDEN CHILL FROM WET COLD WHEN ONE IS HOT.

Of the use of *Bellis* for the ill effects of cold water suddenly brought into contact with a heated body, I offer the following instructive Case. I will call it

HABITUAL PERIODICAL FACIAL
DERMATITIS.

Miss P., æt. 30, came under my observation on September 24th, 1879, and gave the following history:—Ever since she was 12 years old she had been subject to

an eruption of great bumps in the face about every three weeks, sometimes less, sometimes more; at one time barely to be seen, at another looking like Phlegmonous Erysipelas. This eruption coincided with the commencement of the menstruation. Going back to its origin, I elicited the following curious fact:—

Just before her twelfth year, she was one day out in the fields in sultry weather at hay-making, and while thus greatly heated she fell head foremost into a brook, and some days thereafter she broke out all over head and face with an eruption “just like small-pox.” Her whole face and ears were covered, and discharged so much

that her mother had to tie a handkerchief round her neck to prevent its dropping on her clothes. She was indoors eight weeks with it. "Since then," she exclaims, "I have had any amount of medicines and greases, and all sorts of things, but they never did me one bit of good!" She has often a terrible sinking at the stomach, as if she had a large hole wanting filling up, together with a pressive headache at the top. Bowels regular, menses very painful—a hot, bad pain across the hypogastrium at the beginning.

The *present state* of the face is just this :—The right cheek and right side of the face generally are occupied by a red, tubercular erup-

tion, some of the angry protuberances being as large as big peas, and some only papules, and every size between. Nosologically: *Periodical Dermatitis*.

Now, as to the remedy. I was greatly struck with the history of the case, and I reasoned thus: It arose primarily from the effect of cold water applied to the heated surface of the body (or rather conversely), and that must surely be very like drinking cold water when overheated, and that brought Johannes Schroeder's observation to my mind, viz., that *Bellis* was considered a capital remedy for such as had partaken of cold drink when the body was overheated. This is, of course, an ex-

tension of his application of its use, but the same idea underlies it. How do we know but cold drink taken into a heated body produces internal erysipelas? If, in the end, this idea be found to bear useful therapeutic fruit, it will doubtless be found in strict conformity with the law of similars. All my observations tend to that conclusion. But considering *Bellis perennis* as analogous in its action to *Arnica* gives a fair reason for its use in this case, as *Arnica* both causes and cures Erysipelas.

Therefore R. *Tc. Bellidis per.*
3^r ʒiv.

S.—Three drops in water three times a day.

Oct. 22nd.—Face is quite well;

has not had a speck for the past fortnight or more. It left gradually. She is actually menstruating (it began yesterday), and her face is quite free for the first time at the beginning of the flow in her whole menstrual life, which began *eighteen years* ago!! Her bowels have become *confined*, and she has now, but only after food, *a queer shaking, beginning in the pit of the stomach, and going up to the throat*, precisely as if she had been running fast.

To take two drops only once a day, and come again in five weeks.

Nov. 24th.—Has continued well of the eruption; last poorly time not a spot!

She came occasionally for two or

three months to report herself, and thus I can affirm that it so far remained permanently cured.

The *Bellis* did *not* affect either the sinking at the stomach or the pressive headache on the top of the head at all ; so, early in December, I gave her *Sulphur* 30, *one drop* at bedtime for twelve days, when these two symptoms also disappeared. It is to be noted that these two symptoms were of much later date than the facial dermatitis.

Of course, my reasoning in the foregoing case might be faulty, but I think it shows that the Daisy is a notable remedy, and this virtue of a common weed lying everywhere at our feet deserves to be made very widely known. People of

any experience do not need to be told that the ill effects of drinking cold drinks when the body is heated are very serious at times, and always inconvenient. Of course it is not confined to the drinking, as the idea is *sudden wet chill to heated stomach or body surface*. This property of the Daisy is the more valuable, as we know of no other remedy in our vast pharmacopœia that possesses it; and, beyond myself, I believe no one is acquainted with it. Most of what I here write has been lying in a drawer of my writing-desk for years, and this little clinical tip ought long since to have been published, for it may be a good while before

another lover of the fair Daisy stumble against old Schroeder's generalization in a humble receptive mood. I regard this peculiar property of the Daisy as eminently important, and ask all who may read this to make it known, so that it may be available for such as travellers, tourists, harvesters, soldiers on the march, when they, being heated, have had a cold ducking, or have drunk cold liquids.

I would recommend it also in the acute and chronic dyspepsia from eating cold ices, as the conditions here are identical, for I have, in such cases, found it an eminent curative agent.

I should like very much to

dilate on the remarkable therapeutic virtues of the Daisy, but this is not the place. This much is, however, apposite, for the Facial Dermatitis was one that would certainly be classed as a Disease of the Skin, and internal treatment alone cured it.—Q.E.D.

Quite lately I have information of the cure by *Bellis perennis* of a severe case of FACIAL ACNE, produced originally by patient's rushing about in the cold air while her face was in a very heated condition.



PART II.

OBJECTIONS to the first edition of this little treatise were raised largely because of its essentially theoretical character: well, that is really a compliment to the writer, whose object was to point out how entirely wrong are the commonly accepted views as to the nature and cure of cutaneous affections, and not to show that X cures Y. In some cases of disease it may, perhaps, not very much signify what views of ætiology and pathology the treating physician

may have ; but I submit it makes all the difference in the world when we are dealing with skin diseases. If the position which I take up be the true one, skin doctors are working great evil in the world, and sadly need enlightening ; while, on the other hand, if they are right, and their almost universally accepted views and practice are sound and in accordance with the facts of disease, then I must be in the wrong, and wrong should everywhere be crushed like a nut under a steam-hammer. Dermatologists ! I ask no mercy, as I give no quarter.

SINE IRA ET STUDIO.

We all subscribe to this saying, *sine ira et studio*, but in the search

after light and real facts we are all apt to become merely advocates of our own pet notions. Said a gentleman to me one day, "Doctor, I have read your book ; you ought to have been an advocate ; I do not know about your *facts!*" With that he ran off laughing, and was clearly of opinion that he left me at full length in the dust. Well, thought I, I will consider afresh the whole question of Diseases of the Skin from the standpoint of the organism as an entirety, and as my little book on the subject, published in 1886, is out of print, and my publishers are asking for a new edition, I will give just a few of the results of my reconsideration in this second edition. Here they are. By the

way, the clinical material made use of in the first edition came down to the commencement of the year 1885, so far as my own case-takings in my own practice were concerned, and at this point I will resume my task.

CASE OF ICHTHYOSIS.

A lady of 73 years of age came to consult me in the month of March 1885 for loss of vision due to double cataract. In dealing with cataract I always go at once to a consideration of the skin, and here the find was instructive: her skin was very thick, dry, hot, and scaly, notably on the extensor surfaces, with long cracks here and there. In her movements patient

is exceedingly slow, spending as much as two hours at her very simple morning toilet. Though her skin had never been other than dry and scaly, it is getting much worse of late years. Her lenses were opaque and of a milky colour, and the epidermic scales light-coloured, though not particularly pearl-like,—just a case of chronic diffuse hypertrophic keratosis.

This lady has continued under my observation up to the present time, and so would now be in her 79th or 80th year. She was nearly blind when she came to me, being just able to find a large object; thus with a little groping and feeling with her knees she could find a chair to sit upon.

There were temporary improvements in vision here and there, and the lady has still a very small amount of vision. But, on the other hand, there has been a very distinct improvement in her skin, which is neither so thick nor so scaly, nor so much cracked. And considering the age of the patient and the very long duration of the affection, I think the improvement in her skin very noteworthy indeed, and her various ailings have been from time to time much relieved as well. During the five and a half years she had from me many remedies, — *Calcarea fluorica* 6, *Psoricum* 30, *Natrum muriaticum* 30, *Psor. c.*, *Thuja*, 30, *Lactuca vir.* 3, *Galium aparine* 1^x, *Platanus occi-*

dentalis 1^x, *Graphites* 30, *Ichthyol* 30, *Baryta mur.* 3^x, and here—August 1887—there was very distinct amelioration both in the skin and lenses. *Calcarea hypophosphorosa* 3^x, *Aconitum* 3^x, *Aurum muriaticum natronatum* 3^x, *Pulsatilla*, *Bryonia*, *Borax*, *Betula alba* 0, *Juglans cinerea*.

The remedies that were of very distinct advantage were *Barium* and *Platanus*. Under *Barium* for several months patient increased in vigour and well-being, and under the *Platanus* for several months also her skin admittedly underwent considerable improvement.

The *Betula alba* patient credited with rendering the skin much

more comfortable, but complained that it affected the upper part of the body only.

A friend of this aged lady spoke slightly of the treatment of this case, inferring that as the case was not cured, the whole thing was a fiasco. But I pointed out that what results from the treatment is strong evidence of beneficial drug-action in a very inveterate case at an advanced age; that the lady's discomforts have been greatly alleviated; that at 78 her skin is actually *much better* than it was at 73; while at 73 it was getting worse and worse, her skin at 78 is not getting worse but better.

The fact that the lady's span of life is dwindling has nothing to do

with the clinical evidence of curative results from drug-action, or rather the greater the age of the patient the more remarkable the evidence. We must remember that what we call life is to each individual of us a varying quantity, according to our respective ages, and at 78 life to this lady is *what remains to come after 78!* It may not be much, but it is *life to her*: in other words, alleviating an old patient is, medically speaking, not diminished because the patient benefited may not have long to live by reason of advanced age,—

“At six I well remember when
All folks seemed old at ten.”

SEVERE CASE OF ECZEMA OF SIX-
TEEN YEARS' STANDING—ELE-
PHANTIASIS LABIORUM VULVÆ—
LIFE-LONG CONSTIPATION.

A strong, well-preserved lady, 70 years of age, came under my observation on October 9th, 1890, telling me she had very severe eczema for the last sixteen years, and now for some time past has what has been called dry eczema of the vulvar lips, and there is also a patch of "dry eczema" over her right eye. Both the vulvar lips of the right side were hugely enlarged, and appeared as a big flap of elephantine nature, scaly, shiny, deeply pigmented, reddish in spots, dry and itchy. Patient, though English and

long resident in England, is, nevertheless, of West Indian birth, having left her birthplace and came to this country at the age of 6 years,—*i.e.*, sixty-four years ago. I mention this point because I do not remember ever seeing a case like this before, and hence presume it cannot be common in London, or generally in this country. The irritation was very bad ; worse after sitting or walking much, and also at night, when it keeps her awake ; it is much worse in the cold weather, diminishing much in the warm weather of summer. Patient enjoyed good health, and has never had anything beyond measles, scarlatina, and pertussis. She complains of being chilly. Nothing

seemed to account for so severe an affection in an otherwise strong, healthy lady. There had been in all three vaccinations, the third one having been unsuccessful, and was in 1871. The eczema had first obtruded itself upon patient's attention sixteen years ago,—i.e., subsequent to this third unsuccessful vaccination.

R *Thuja* 30.

October 30, 1890. — The little patch of eruption over the eye is well, the labial swelling is less, the mass softer, and patient exclaimed, "I feel quite different."

R *Sabina* 30.

November 20.—Not any further improvement.

R *Vaccinium* 30.

December 18.—The bowels have acted twice every day, and she had been costive all her life; has been always in the habit of going six or seven days without any motion, and then art and physic had to do it. “Dr Bell (homœopath) treated my constipation for long, and finally gave it up as a constitutional peculiarity.”

R *Maland. CC.*

January 8, 1891.—Patient cried out to me on this day:—“English, French, German, allopathic and homœopathic,—all have tried at my costiveness in vain, and now the bowels act *so well*.” The elephantine skin of labia steadily improving.

Feb. 5. — Skin healing well; bowels not quite so comfortable.

R *Vaccinium 30.*

Feb. 26. Skin affection improving; bowels act comfortably. "I have never felt so well in my life."

R *Nux* 30, under which the bowels went back.

March 19.—*Vaccin.* 30.

May 21.—Well; bowels act quite regularly and comfortably; and though patient feels not quite comfortable at the vulva, objectively the skin is quite normal.

At the end of November the skin continued quite normal, and hence we may conclude that the cure is a perfect one.

NINE MONTHS LATER.—The cure holds good. And this radical cure of an old-standing ailment in a lady of 70 years of age,—the remedies used being all given internally, and

not only so, but in dynamic doses (and infrequently),—this cure, I say, is noteworthy, and tells well for my thesis that skin diseases are of constitutional nature, and must be so regarded and treated. *Natura [organismus] sanat, medicus curat.*

CASE OF ACNE AND SWELLED
NECK.

On February 10, 1891, an unmarried lady, well on towards 30, came to consult me for roughness of the skin of the face, and acne. She did not mind her cough, it was not so very bad, nor did she make much ado about the rather profuse expectoration of phlegm. She did not even complain of her enlarged tonsils or leucorrhœa, and as for

her chilblains, they only came in very cold weather. Said she, "It is my rough skin and this horrid neck." The "horrid neck" was made up of a one-sided enlargement of the neck, consisting of a very much hypertrophied submaxillary gland and tonsil of the same side, with some puffiness of the surrounding areolar tissue, so that the side of the neck appeared "horrid,"—*i.e.*, shapeless, and neck and face ran into one another, the jaw-bone line being lost. *Thuja* 30 for a month distinctly lessened the size of the glands (submaxillary and tonsil), but cough and phlegm were not touched.

Bacillinum C. was followed by much improvement, the unshapeli-

ness having changed: the jaw had become well defined, and thus neck and face no longer ran into one another, while the left submaxillary gland stood out by itself. The tonsils had gone down, but the quantity of phlegm, though less, was still considerable. I then went up to *Bac.* 1000. "Those powders did a wonderful thing for my skin: it went quite clear."

July 21, 1891.—Patient is quite well; skin clear; tonsils normal; left submaxillary enlargement gone; neck restored to its pristine shapeliness; and not long after this she was engaged to be married, and in the early autumn the marriage came off.

My reading of the whole case

was to the effect that I was dealing with vaccinosis and scrofulosis bordering on tuberculosis. May I put the pertinent question to any dermatologist or surgeon in this wide world of ours: What would you have done in this case?

August 1892.—Patient continues quite well, as I learn from her mother, Lady X.

ULCERATIVE ERUPTION OF VULVA.

A lady of 50 years of age, for many years married, but childless, came under my care for troubles connected with the climaxis, not the least of which was vaginal and vulvar irritation, as well as a very extensive ulcerative eruption all over the labial and vulvar region,

extending at times as far as an inch and a half on to the circumvulvar region, but when it came into the common integument it took more the form of eczema, with a few pustules here and there. The flat ulcers in the labia and nymphæ had plagued her years ago, and been cured (silenced) by cauterization. R *Tc. Platin. mur.* 3^x, three drops in water twice a day.

In a month the eruption had materially diminished, having lost its pustular and purulent character, and the vaginal discharge had entirely ceased.

Here (*May* 18, 1887) *Lachesis* was ordered, and with advantage.

July 7, 1887.—The thing has returned.

R *Tc. Aurum mur. nat.* 3^r, four drops in a tablespoonful of water night and morning.

This completely cured the eruption with its concomitants, the remedy having to be once subsequently repeated: in all, the *Auric salt* was taken during about thirteen or fourteen weeks. There has been no return, and the lady continues in excellent health and condition. I used no local application whatever. And here I may state, once for all, that I hardly ever order local applications of any sort in cutaneous affections. If in any of my cases herein recited any local applications are used, the fact will be stated; but I believe that in no case herein communicated was any

local application whatever used, so far as I am aware. Not only so, but I commonly specially warn my patients against all ointments and lotions whatever, as I find that Goulard's lotion, Zinc ointment, Citrine ointment, Golden ointment, and the like, may be found in very many households, and it is very difficult to prevent their being used.

The use of remedies applied as ointments or lotions is absolutely bad; and when I read of the homœopathic treatment of skin diseases whereby ointments and lotions play a part, my respect for the quality of such treatment is small indeed. It is wonderful how people will cuddle and fondle the ointment

pot; and "Regular Medicine" would be indeed badly off without its grease-pot and clyster. I often think the use by the homœopaths of their *Calendula cerate* or ointment comes dangerously near the thin end of the wedge of the vulgarly-conceived putty-and-paint treatment of the medicine of the schools.

It is almost incredible, but the discovery of a new fat for an unguental excipient is an event of the first magnitude in the dermatological world, the vault of whose heaven is still ringing with the echoes of the wonders of vaseline and lano-line. And what does it all amount to?

A pat of pig's lard.

CASE OF PITYRIASIS RUBRA.

Although the Vienna School classifies this rather rare affection with eczema, I cannot see myself whereon the classification is based ; but I have only had to treat two typical cases of it, both being of the cutaneous covering of the chest, and two or three cases of symptoms of the rim of the hairy scalp, which were distinctly of the same nature. The patient here referred to came to me on December 22, 1885. A powerful peer of this realm and a great Nimrod, with flesh as hard as nails, he came to be treated for a maddening neuralgia he had picked up on the banks of the Nile ; remedies having cured his neu-

ralgia he showed me his chest, which was the seat of a big patch of red pityriasis that he had had for a number of years,—the precise number I do not know. I saw him, off and on, for nearly five years, and gave him a not inconsiderable portion of our Pharmacopœia (and our Pharmacopœia is not small—see Allen's "Encyclopædia of Pure Materia Medica!"), but the pityriasis rubra remained Pityriasis rubra. I should say the big patch was composed of a series of smaller patches, all more or less circular or segments of circles.

One day I was reading in an old German book that some sailors—British, I think—many years ago, in some of the Pacific islands, ate

of a fish called erythrinus, and came out with a peculiar red rash that became chronic, and which the doctors took for a form of syphilis.

Dr Alfred Heath, F.L.S., with his wonted devotion and disinterestedness, procured this erythrinus for me, and prepared it homœopathically, and I, on March 23, 1889, ordered as follows:—*R. Tc. Erythrinus* 1 ʒj., five drops in water night and morning. I did not see the patient after for about two and a half years—viz., September 1, 1891. When I inquired of him about the “red patch on his chest,” “Oh,” said he, “you cured that long ago with that big bottle of stuff you sent me,” *i.e.*,—the ounce bottle of *Erythrinus* 1.

The second case of pityriasis which I treated with this *Erythrinus* is greatly improved, but by no means cured. The father of the gentleman who was cured by *Erythrinus* had had syphilis, as I ascertained from an indirect but very reliable source.

The father of the second case died of what seems to have been aneurism of or near the heart. It may therefore be worth while to ascertain whether pityriasis rubra be not a syphilitic manifestation in the second generation. That it is not eczema I am very sure. It is worthy of note that the second patient to whom I here refer,—who is not cured, and is still under my treatment,—came to me originally

for heart disease characterized by distress in the heart region, palpitation, irregular heart-beat, and much distress on walking, particularly up hill.

For this cardiac affection (which the regimental surgeon said would be fatal) I prescribed *Aurum muriaticum* 3^x, at one time three drops, and at another time two drops, and finally five drops, in a tablespoonful of water three times a day. This cured the heart rather slowly, but the patch of pityriasis *became twice as large*. This vicarious phenomenon between heart and the skin of the thorax I have observed over and over again. So that when an individual has an eruption on his chest, he is not wise

to let any skin specialist treat it from the narrow standpoint of the specialist, lest heart disease supervene. See hereanent my remarks upon the "Sternal Patch." By the way, the "Sternal Patch" is in the lowest third of the sternum, rather to the right ; this thoracic pityriasis patch is rather to the left, and just over the arch of the aorta. The "Sternal Patch" is not a brown, so-called, liver mark, but an eruption; the importance of this eruption lies, I think, not so much in the kind of eruption as in the fact that when it vanishes from the surface, without being really cured from within, symptoms of heart disease, more or less grave, at once supervene. The more one really studies skin

diseases the more one is struck with their *habitats*, which are often constant and characteristic. What are the internal pathological conditions corresponding hereto? Without doubt such exist, and have also a definite significance.

CASE OF VIOLENT AND SEVERE
ATTACKS OF ARTHRITIC URTI-
CARIA.

A lady of position, nearing 70 years of age, of very abstemious habits and a strict dietarian, had been for years subject to violent and severe attacks of gouty nettle-rash, taking her suddenly, now in one part, now in another, and compelling her to hasten to her own apartments to apply hot wraps

to allay the furious itching. She had been under most of the better-known homœopathic physicians in England one time and another, and had obtained a little temporary relief sometimes, but not much, so that she had given up all hope for long, and only consented to try again at the earnest solicitation of a friend. When she took my prescription into her hand, she exclaimed, "Oh! that's your tincture of nettles; that's no good. I have tried that under Dr —, and my dear old friend the late Dr Hilbers also gave it to me." She persisted in it that *Urtica* would do her no good, but I persuaded her to take it (*Urtica urens* θ), five drops in a wine-glassful of warm water three times

a day ; and, much to her surprise, it did her so much good that she continued to take it for some months, and then discontinued its use, considering herself cured.

In connection with this case it is worth remembering that *Urtica* had in old times quite a reputation for gout and sand, and I have repeatedly noticed that patients, while taking *Urtica ur. θ* in the manner just described, have passed large quantities of sand, and in several instances such patients have been alarmed, never having passed any before in their lives.

Urtica urens is a very notable splenic, and with its aid I have often cured ague. And for the common manifestations of pure

gout, it is my sheet-anchor for years past. I could fill a little book with cases in proof of this statement.

DYSPEPSIA — VOMITING — NEURAL-
GIA — NEURASTHENIA — ACUTE
ECZEMA.

A married lady, childless, 55 years of age, came to me on July 12, 1887, quite broken down in health ; it was thought the final break-up of the constitution was at hand. The most prominent and most distressing symptom was perhaps her attacks of faintness and her inveterate and severe dyspepsia, though she felt her nerve symptoms very much. She was afraid of being alone, going about in fear and trembling. Nervous heart-

beat; spleen very much enlarged (affirmed that she had had ague every spring until she was nearly thirty years of age); a good deal of neuralgia in the left side of head and face. She is intolerant of cold, and revels in this July heat. This lady is an amateur artist, and paints a good deal these many years, and wonders if her frequent attacks of vomiting have any connection therewith. She formerly had variola and measles, and has also suffered from urticaria. But the fact that she had been twice vaccinated seemed to me the most proximate and least questionable therapeutic indication. Hence I started off with *Thuja* 30.

August 11.—Was quite well till

two days ago! No vomiting; slight neuralgia only; no fainting attacks; tongue now thickly coated.

The next most obvious point to attack was the greatly enlarged spleen and the chilliness.

℞ *Ceanothus Americanus* 1. Six drops in water night and morning.

December 1.—My patient came this day and bitterly complained that the *Ceanothus* had done no good at all, and had, moreover, brought back all the old symptoms, which the *Thuja* powders had so much benefited. The neuralgia is bad again, and patient very earnestly requests that she have the old powders again.

So *Thuja* 30 was again prescribed in very infrequent doses.

January 17, 1888.—Has a bad attack, now on these eight days, and there is a little eruption on the tips of her toes and fingers; no vomiting.

R. *Ignatia amara* 1.

February 19.—Much better; in fact, feels wonderfully well, *but she has "broken out all over with an eruption of water and matter."* And she now has ceased to be cold, and is, on the contrary, *hot*.

R. *Tc. Juglans regia* 0. Five drops in water night and morning.

March 27.—The skin has improved a good deal; as the eruption dies away the locus turns brown; the eruption is now worst on the hairy scalp; she feels sick and dizzy. Never had any eruption other than

urticaria till after she took the *Thuja* from me. Much better in all general respects.

R *Rep.*

May 8.—Been sick again, three times; many brown marks where the eruption was, otherwise she is well and the skin is quite healthy. The spleen, however, continues hypertrophied.

R *Urtica urens* θ . Five drops in water night and morning.

October 6.—Bowels costive; feels tired and bilious, and complains very much of feeling shivery and cold. *Natrum muriaticum* 6 trituration cured these symptoms, and patient was discharged cured.

July 1893.—The cure holds good.

CASE OF STRUMOUS ECZEMA IN A
BABY, CURED BY *Bacillinum CC.*

One meets not infrequently with bad cases of eczema in babies that are apt to end in marasmus and death: the eruption in such cases is almost all over the body wetting, more particularly in certain more or less circumscribed patches, and driving the poor little patients almost mad with irritation, particularly at night. I had such a case this last summer in a baby of only a few months of age, and who was partly on the cursed bottle. Did I say cursed bottle? I will withdraw the wicked word, and ask my readers to allow me to substitute for it —, well, I mean the strongest word of con-

demnation known in our language. In this particular case the mother did her best, so the use of the bottle could not be avoided, and its use was only partial, the mother giving all she had.

Well, I had treated the eczema for some weeks with no benefit, when one afternoon I was suddenly summoned into the country to see this poor bairnie, and a sorry sight it was.

Mother and nurse were at their wits' end to know how to keep the wet patches from sticking to the clothes, fat-besmeared rags only sufficing for a very short time. Hardly any sleep at night from the furious irritation. I then remembered that I once cured an elder

baby-brother of this little patient of eczema of the scalp with *Bacillinum*, originally suggested by the ancient scars in their father's neck, now well hidden behind his long beard. I therefore ordered for my wee patient *Bacill. CC.* in infrequent doses.

In one week the report ran :
". . . Baby is much better, and now sleeps and feeds beautifully."

I need only add that the remedy quite cured the case, and the little lassie got quite well, and so remains.

Such cases are very apt to end fatally, whereof I have been in times past more than once the sorrowful witness ; but then I knew nothing of *Bacillinum* in high potency, or, indeed, in any potency.

The patient in question had not at that period been vaccinated.

INVETERATE ECZEMA.

An American gentleman, 63 years of age, came under my observation on May 14, 1887, for a very severe eruption on the skin—inveterate eczema—of many years' duration. Latterly it has been getting much worse and more extensive, and extends now to the penis, prepuce, and eyelids and conjunctivæ. There was a specific air about it, but this was strictly denied, a gonorrhœa only being admittedly historic.

I began with *Platanus occidentalis* θ , but in eight days from its commencement patient returned to

me, bitterly complaining that there was no improvement.

May 21.—Six grains of *Aurum metallicum* three times a day. This did him some good certainly, but not very much. Then followed *Mercurius solubilis Hahn.* in a low trituration, and it was soon clear that we had hold of the right remedy, but it would not quite finish the cure, though it came very near doing so. A month of *Kali chlor.* 3^x, and patient considered himself cured, except the redness of the eyes. This ophthalmia was cured by *Jequirity* 3^x, six drops in water night and morning.

I saw this gentleman a year and a half later, when he declared himself quite well in health and free from eczema.

CASE OF GOUTY ECZEMA.

In the autumn of 1891 a gentleman of about 60 years of age consulted me in regard to a very severe form of eczema occupying the genital, perineal, anal, and crural regions: the surface was red, raw, shiny, scaly in part, and in part moist. The thing caused him very great distress. The first two prescriptions did him no real good, so on November 27th, 1891, I prescribed the hippurate of sodium in the fifth centesimal dilution in ten-drop doses, administered every night and morning, I sending him enough to last a month.

I saw no more of him till the spring of 1892, and then I inquired

of the skin trouble. "Oh! that tincture cured me completely." To be quite sure it was so, I carefully examined the parts, and I did the same again four months later, when he called to ask me to suggest a place where he might with advantage spend his holiday. I found no trace of eczema on either occasion, and patient continues in good health. I have seen and treated a good many cases of eczema, and am just beginning to recognise its rather numerous varieties from the ætio-pathological standpoint, and I shall yet have more to say on the subject: here let the simple narrative of the case cured by the hippurate of sodium suffice.

LICHEN URTICATUS.

A sixteen-months' old baby was brought to me by its mother on November 27, 1886, to be treated for wheals on its body that became much worse in the warmth of the bed: the distress of the child was great; it got hardly any proper sleep.

R *Syph. CC.*

January 13, 1887.—“ These little powders quite cured baby in less than a fortnight.”

August 30, 1887.—“ Baby's skin continues quite well.”

Cases of wheals in the skin of young children are very common, and the irritation they cause as the sufferers get warm in bed is often almost maddening. I have known

such patients toss and roll about almost every night, and not infrequently roll out of bed in their sleep, as if they were making desperate efforts to escape from their tormentors.

Chloral hydrate and *Urtica urens*, and also *Persicaria urens* are very useful in such cases, and so is also *Bacillinum*. But where the nocturnally appearing wheals are, as it were, echoes from the paternal past, nothing equals the remedy here named as curative. The thing is cured root and branch, recurring occasionally when a new tooth sprouts, when the dose has to be repeated once, or perhaps twice, till the cure is definitely completed.

Where the primary causation is from the effects of vaccination, *Thuja*, *Sabina*, *Cupressus*, *Vaccinium*, or *Malandrinum* may be used, *Thuja* generally sufficing; and I have required *Acidum nitricum* in some cases.

CROP OF SOFT WARTS ROUND
THE ANUS.

A middle-aged married gentleman came under my observation in the summer of 1892 complaining of severe indigestion of long standing: a good deal of epigastric distress and pain characterized his dyspeptic state. Incidentally he complained of a most uncomfortable state of his anal region, and on examining this part to ascertain the cause thereof

I found a number of small warts arranged almost in a ring round the orifice. A gonorrhœa of many years ago, as also several vaccinations, sufficed to constitute the diagnosis of Hahnemannic sycosis, and, indeed, *Thuja occid.* in the 30th centesimal potency, and of infrequent administration, quite cured the dyspepsia, and also the anus. I carefully examined the anal region, and found that the ring of small soft warts had quite disappeared. "I feel all right there now."

NASAL ERYTHEMA.

A lady, 53 years of age, came under my professional care in the summer of 1890, with erythema of the nose, or, as we might call it,

dermatic rhinitis. The nose was all red and swelled up, the inflammatory action not in any way extending to the cheeks, but involving the right eye a good deal. In fact, patient is of opinion that the right-sided conjunctivitis was the starting-point of the nasal erythema, and she tells me that she is subject to this ocular inflammation, off and on, for many years.

Anamnetically there is not much to note, except that the lady had been vaccinated seven or eight times, but it had only taken three times.

Under *Thuja* 30 the erythema was half gone in three weeks, and patient had visibly improved in condition. After two months of

the *Thuja* the eye was quite well, the erythema still only half well. Finding that the nose scabbed inside, I put patient on *Kali bichromicum* 5, five drops in water night and morning for a month, and then patient was discharged cured. (See the pathogenesis of *Kali bic.*).

LIFE-LONG ERUPTION ON SCALP.

A single gentleman, 35 years of age, came to consult me at the end of August 1887 for a coppery eruption of his scalp that he had had as long as he could remember. Besides this eruption he complained much of chronic insomnia and failing memory. I first gave him the strong tincture of *Fagus cup.*, five drops in water night and morning,

but after a month—viz., on September 30—he complained that he was no better in any respect,—sleepless, forgetful, restless; the eruption bad; his breath very foul; liver slightly enlarged; spleen large and very hard.

Syp. CC.

November 11.—“ I have slept famously;” and both he and I were of opinion that his hair had gone darker. The eruption distinctly better.

R. Spiritus glandium quercus θ ,
five drops in water night and morning.

December 12.—Eruption nearly gone; the spleen pains a little now; insomnia quite a thing of the past.

R. Tc. Carduus Mariæ θ .

He reported himself quite well of

his coppery eruption on January 13, 1888, and two years later it still continued well, and since then I have no further tidings of him.

CHRONIC CROPS OF BOILS AND ACNE.

A young city man, 21 years of age, just entering a very important city firm, came under my observation on March 21st, 1888, complaining that for the past six years he had been suffering from crops of boils. They are worst on his nape and face ; at this moment there is one on the nape, and also one on his nose. There are also mattery spots—acne—all over his shoulders. Patient is very rich and rather good-looking, and it is therefore not astonishing

that he had been under the professional care of the leading physicians and surgeons and skin specialists of London, to the number of ten. Finding quite a goodly collection of vaccinal scars on both arms, I inquired what number of times he had been vaccinated. Answer: Four times. Urine has a specific gravity of 1020, and the glands of his neck are visibly swelled. I had him about ten weeks under *Thuja occidentalis* 30, very infrequently administered, and the boils and acne pustules all waned and went and came no more, much to patient's amazement, and, indeed, to my own, for I had not expected such a prompt and perfect cure. I subsequently often saw him with his

younger brother, and so know that the cure was definite. The case was clearly one of pure and uncomplicated vaccinosis without the dash of consumptiveness that so often lurks behind severe acne.

There is also a kind of acne that is distinctly of arthritic nature, and this yields well to *Urea* 6; in this variety pustulation is much less pronounced than in vaccinal acne or phthisic acne. Broadly put, vaccinal acne yields to *Thuja occidentalis*, *Sabina*, and *Cupressus*, also to *Silicea* and *Maland*; acne from masturbation to *Bellis perennis*; phthisic acne to *Bacillinum*; when the acne is very pronouncedly pustular and scarring, to *Vaccinin.* and *Variolinum*; and arthritic acne calls

for hippuric acid, hippurate of sodium, and *Urea*. The study of the varieties of acne is highly interesting and instructive, as almost all the great constitutional ancestral diseases show themselves in young persons in the form of acne. Not infrequently cases of acne are of mixed pathological qualities, and these need *all* their pathologic *simillima*. Remedies only morphologically homœopathic to the acne-form only palliate; to really and radically cure they must be *pathologically* similar. What a vast vista!

RINGWORM (HERPES S. TINEA
TONSURANS.)

This is a very interesting complaint, and particularly so from the

biological standpoint ; but as I have written a little monograph on the subject, I must refer my readers to it for the fuller information which it contains. It is entitled "Ringworm: Its Constitutional Nature and Cure" (London, 1892). It is also published in America by Messrs Boericke & Tafel, and may be obtained at any of their pharmacies.

The older remedies for its cure are *Sepia*, *Sulphur*, and *Tellurium*; my own special remedy is *Bacillinum* in high potency, which is not merely a morphological simile, but what I conceive to be its pathological *simillimum*.

In treating ringworm cases by *Bacillinum* it must be borne in mind that the constitutional crisis

is aimed at, and not the parasitic fungi. This is highly important, as the following narration will exemplify. Soon after the appearance of my little work on Ringworm just referred to, a very eminent London ringworm specialist, desirous of practically testing my treatment, sent a very delicate, stunted, strumous girl to me, saying, "Here is a case after Dr Burnett's own heart. Tell him from me that I regret being unable to co-operate with him, as he is a homœopath ; but you go and see what he can do."

Well, that was, I must confess, very handsome of him. The mother brought the girl, and I put her upon *Bacillinum* and gave up all local treatment altogether. In

the course of about two months the improvement in the child's general health was very marked, and the parents were delighted; but the precious fungi on the head haunted the child's mother so, that although she was very pleased to admit the great improvement in the child's appetite, sleep, temper, and appearance, still she wanted to know from the said specialist whether the parasitic fungi were decreasing; and having taken her to him, it was found that the head was *much worse!*—*i.e.*, the number of fungi was much greater; and therefore my plan of treatment was given up as a dead failure! It did not occur to these good people that my standpoint is the very opposite of theirs:

I deal with the organism, they deal with the parasites. The organism was admittedly improved, the number of parasites demonstrably greater. I claim that the child was visibly getting better. There being more parasites, they considered that she was worse, or at any rate that the ringworm was worse, although the patient was better in herself.

Now, I not only do not claim that the number of parasites and their spores decrease in the beginning of my treatment, what I claim is that *eventually* they go altogether as soon as the organism is normally healthy. Of course, it must be obvious that there would be fewer parasites present on the head while

it was being scoured twice a day than while the head was let alone entirely. That the number of the parasites and their spores can be kept down by external parasiticial treatment I do not for one moment dispute ; what I say is, that the parasites themselves are NOT the disease, but are merely the trichophyton mould living on the surface of a diseased organism ; and, further, I incline very strongly to the belief that not only are the fungi harmless to the patient, but probably actually beneficial as organismic scavengers.

Do mushrooms come in a clean new stable, or in a dirty disused one?

Do toadstools grow on healthy trees, or on decaying ones? Which

existed first—the decaying wood or the toadstool? Can you cure a decaying tree by killing the toadstools?

Fungi live on decaying matter, and their function is to use up and get rid of such decay; and I am fully persuaded that the function of the trichophyton of ringworm is in harmony with this general principle.

It is inconceivable that you can better the health of a child by cleaning the ringwormy mould off the surface of its body.

It is equally inconceivable that you should be able to keep ringworm alive on a healthy individual; or, if so, then fish can live in the air, and a cow could live the life of a whale.

ALOPECIA AREATA.

This is an affection of the hairy scalp principally, and consists of shiny, bald, circular patches, in appearance not unlike the surface of a billiard ball. I do not think the affection can be considered a common one, though of course a few cases of it constantly pass before us. Authorities differ a good deal about it, particularly as to whether the decalvation be of epiphytic nature or not.

But there is one point in regard to alopecia areata in which all the dermatologists and skin surgeons agree, and that is their treatment—viz., active irritants applied to these bald patches. This treatment is

simple, sometimes painful, mechanically childish, and besides being well-nigh universal, is at the same time quite useless except in very simple cases. Given a good stiff case of alopecia areata, and all the skin specialists and all the favourite irritants of all the dermatologists of the wide world cannot cure it.

Hughes names *Phos. acid*, *Fluoric acid*, and *Arsenic*, and considers the second-named specific in the syphilitic form.

Hughes also calls attention to Teste's singular experience with *Aloes*.

Goullon (the second) praises *Graphites*, *Baryta carbonica*, *Lycopodium*, *Mercurius*, and *Natrum muriaticum*.

In alopecia areata the only sound plan is to heal the *patient* rather than the alopecia. What the real nature of areata baldness may be is still a moot point. We shall not lose time if we inquire into this point somewhat. Probably few people know more about this subject than Mr Jonathan Hutchinson, late President of the Royal College of Surgeons. We will therefore consult him on the subject.

ON ALOPECIA AREATA AND ITS
RELATION TO RINGWORM.

Mr Jonathan Hutchinson brings forward a series of cases (*Archives of Surgery*, April 1893), altogether 39 in number, of alopecia, and seeks to connect them ætiologically with

ringworm. He says he does not think that anyone will read attentively the items of evidence (*i.e.*, these 39 cases) which he brings forward without coming to the same conclusions he has arrived at himself; and the chief of these conclusions is, that "all well characterised cases of alopecia areata are in direct connection either with ringworm or pityriasis versicolor, and that they have little or nothing to do with the state of the patient's general health."

Our author reckons hereto all cases of loss of hair beginning as smooth bald patches which are abruptly margined, which tend to spread at their edges, and which are attended by the development of others in their vicinity.

“ In some cases the patient may lose every hair on the body in the course of a few months, whilst in others the patch may remain single and solitary for a year or more.”

“ Differences in the rate and extent of progress do not seem to me to imply any difference in the essential nature of the disease ; and I much doubt whether there is any class of cases in which the shedding of the hair becomes universal which are not of the nature of alopecia areata.”

Alder Smith (“ Ringworm : its Diagnosis and Treatment,” London, 1885) says alopecia areata “is due to a state of perverted nutrition and not to any vegetable parasite,” and refers to a paper read at the International Medical Congress in

1881, on the Cause of Alopecia, by Dr Liveing, proving its non-parasitic nature.

Alder Smith adds, "It is hardly necessary for me to remark that I fully agree with this view, having never been able to discover any fungus in the club-shaped stumps." So, here on the other hand, alopecia areata is declared to be *non-parasitic*; and with regard to allowing a child with alopecia into a school, Alder Smith declares "there is no fear of the disease spreading; and therefore children with alopecia may be allowed to attend school without any risk to others."

The bald patches of alopecia areata commence most commonly at the back of the head, and Mr

Hutchinson thinks this is due to the infection coming from cushions and the backs of chairs.

Bringing ringworm and alopecia areata under one head is so important, that I will give Mr Hutchinson's own concluding remarks, premising merely that I do not agree, by any means, with some of his views. His final remarks are rather long, but demand earnest attention.

Mr Hutchinson's concluding remarks on the relation of Alopecia Areata to Ringworm :—

“CONCLUDING REMARKS.

“It will be seen that amongst the cases which I have related there are many in which the evidence was quite clear that ringworm had pre-

ceded the alopecia. There are also some in which no proof of such connection could be produced. There are several in which two members of the same family, who had suffered at the same time from ringworm, became subsequently the subjects of alopecia. In several instances the history of the original attack of ringworm was, in the first instance, denied by the patient, having been either not known or forgotten, but was subsequently supplied. The cases are a fair specimen of my personal experience during the last few years in reference to the disease in question, and their results will, I suspect, differ only from those of other observers in that, being specially interested in the point, I have

been more patient than usual in seeking for the history of ringworm. Much patience is indeed necessary on this point, for I have found that almost invariably the first answer to the question, 'Have you ever had ringworm when a child?' is in a strong negative. Some patients have quite forgotten it; some never knew what the disease was; some doubted the diagnosis; and one and all are very willing, if they can, to ignore the fact. Inquiries on this head must be expected to give negative results in hospital practice far more frequently than amongst private patients. The latter are more intelligent as to their antecedents, and can usually inquire at home as to what happened in their

youth, with much better hope of success. I freely admit that in a very considerable number of cases, even after painstaking inquiry, no history of antecedent ringworm is forthcoming. These cases, however, do not shake my belief in the creed that alopecia areata is a disease in connection with cryptogamic growth. I suspect that some of them are examples of direct contagion from alopecia itself; others of contagion to the heads of adults from ringworm in children; and, lastly, others of contagion from pityriasis versicolor. Concerning the latter malady, I have no doubt that it is transmutable with ringworm. My theory respecting alopecia is that it is due to some form of

cryptogamic life, which develops deeply in the hair follicle, and does not grow in the hairs themselves. I admit that this cryptogam has not yet been satisfactorily identified by the microscope, and that in the majority of cases the most careful examination will fail to give any indication of its presence. Alopecia areata is, however, a disease of such definite features, and of such remarkable sameness in its clinical history in different cases, that it is extremely difficult to entertain the belief that it depends on one cause in one case, and upon a totally different one in another. I cannot but think that its cases ought all to be placed in one group, and since the evidence is so strong that some

of them depend on antecedent ring-worm or upon direct contagion, I cannot escape the conviction that they all do so.

“There are certain other facts which favour the belief just expressed. Thus, although alopecia but rarely exhibits contagious properties, it sometimes does so. Many authors have recorded instances in which it affected several members of the same family, and more than one series of facts are on record in which it prevailed as a household epidemic.*

* “By far the best example of epidemic alopecia with which I am acquainted was recorded in the *Boston Medical and Surgical Journal*, May 1892. I am indebted to Dr Richmond Leigh for a detailed abstract of

“ The entire absence of any form of ill-health in the subjects of alopecia areata induces me to put

this important paper. It occurred in an orphan asylum for girls, and no fewer than sixty-one out of sixty-nine suffered. The first case occurred in January, the second in March, and between the latter date and June 1st the total of sixty-one had been completed. The matron and four older girls who acted as her assistants escaped. Dr Bowen and Dr J. C. White, both of Boston, and distinguished dermatologists, saw the cases, and both agreed that their general features were indistinguishable from those of alopecia areata, and both failed, on microscopic examination, to detect the presence of any cryptogam. The hair-bulbs were wasted, as in alopecia. The bald patches are stated to have been smaller and more numerous. No preceding stage in the least resembling ringworm had been observed in any of the cases. Most of the cases were getting well in the course of a few months, and it was not thought that the cure was due to the use of

wholly aside any inquiry on that score. We may, I think, entertain absolute incredulity as to what is called the neurotic form of this

any particular remedy. On this point, however, there is much room for fallacy.

“Whatever opinion we may incline to entertain as to the name which we should apply to the disease in this very remarkable outbreak, it appears to prove beyond dispute that there may occur a form of alopecia in patches which is actively contagious, and yet is unattended by any fungus which the most modern methods of research can demonstrate. The narrative may be placed side by side with those respecting certain other maladies, not usually virulently contagious, but which may by a sort of accident become so. I allude to epidemics of pemphigoid porrigo, such as those described in *Archives*, vol. iii. p. 206, to those of puerperal fever, as related by the late Mr Storrs of Doncaster, and to those of epidemic eczema in workhouses, which have recently claimed much notice in my pages.”

disease. It attacks young people more frequently than others, and they are usually those in whom neither headache nor any species of neurotic disturbance had been observed. It does not appear to me to be worth while in such a malady to ask an adult patient as to overwork, mental worry, and the like. Such influences may be found, if sought for, in the majority of those who consult us, and I feel very certain that when they chance to be coincident with alopecia they do not stand to it in the relation of cause.

“The mode in which alopecia develops, the frequent, or indeed usual, absence of bilateral symmetry, and of any definite uni-

lateral asymmetry, the rounded form of its patches, and their tendency to enlarge serpigiously, are also, I think, conclusive evidence as to its not being of neurotic origin. We know of no neurotic malady which has round patches that spread at their edges.

“Lastly, I may allege that the modes of cure in alopecia areata by chrysophanic acid, creosote, blistering, etc., are all in favour of the belief that it is a disease of local origin. So also the facts that it always begins as a single patch, and, when it becomes general, spreads by the development of other patches from the parent as a centre, favour the belief in its cryptogamic nature. The facts as regards the

occasional re-growth of hair, and, after an interval, its falling off again, are very curious. They are not susceptible of satisfactory explanation on any theory that I am acquainted with, but they fit more nearly with some facts that have been established as regards cryptogamic life than with any other hypothesis.

“Summary.

“I may venture to offer the following conclusions as a summary of my present belief in reference to alopecia areata :—

“1st. It is probable that all the cases which are well characterised, by abruptly rounded and quite smooth patches, are of one and

the same nature as regards causation (possibly there is some slight exception to this in reference to syphilis).

“*2nd.* It is probable that all cases of well-characterised alopecia areata are in some connection, remote or direct, with the presence of a cryptogam.

“*3rd.* Many cases, probably the majority, occur in patients who have, at some former period, themselves suffered from ringworm.

“*4th.* A few cases occur to those who have never shown signs of ringworm, but who have, at some former period, been exposed to its contagion. Some cases occur to adults as the direct result of ringworm-contagion from children.

“5th. In a few cases it is possible that pityriasis versicolor on the chest of an adult may be the cause of alopecia areata on the scalp.

“6th. There are a few cases in which ringworm assumes, from the first, the features of alopecia areata. These may occur both in children and adults.

“7th. Lastly, the explanation of the frequency with which alopecia areata begins on the back of the head is probably that it is caught by contagion from the backs of chairs and cushions, etc.”

ECZEMA OF EXTERNAL EAR AND MEATUS.

Miss Ethel S., 14 years of age,
was brought to me on September

29, 1891, suffering from a skin affection showing itself as eczema of the outer ear and meatus, the surface of which was wetting, shiny, and in part scaly, and the discharge would at times dry up into scabs. She has very large tonsils ; her throat is swelled and irritable, and in the early morning she feels sick. Her father was formerly cured by me of eczema ; and hence the young lady was brought to me. She was cured in about six months, the remedies being *Med.* 1000, and *Bacill.* 1000 and *CC.*

This young lady's father's sister has also been cured by me of eczema, and her brother is now under my care for very severe eczema.

There is a tragic circumstance connected with my professional relationship with this socially important family, and it is this: Fifteen years ago I was treating a wee child of another branch of this family also for eczema that extended to the greater part of the poor mite's whole body. I explained to the parents that I regarded the eczema in question as of a very pronouncedly constitutional nature, and that it was this constitutional disease that caused the truly terrible eczematous ooze, the skin being merely the medium of relief of the organism. Hence I gave my opinion that it would be dangerous to use local applications to the skin, lest the relatively fair

general state of the patient should be impaired : nearly all the glands were enlarged, and primarily so, and not merely from cutaneous irritation, to which conclusion I came from finding such hypertrophied or indurated glands in parts where there was no active eczema.

What I am trying to say just amounts to this : My treatment was given up in contempt because I would not give any ointment or wash whatever, and the services of an eminent dermatologist were secured. Things went on very smoothly for a very few weeks, but the patient not long afterwards died "of weakness and exhaustion."

In my judgment she died of the

practical application of the dermatologist's gross ignorance of dermatology : bedaubing and besmearing the skin with medicinal substances was the work of this probably well-meaning medical man ; but oh ! the shallow, shallow work !

ACUTE UNIVERSAL ERYTHEMA AND
CHRONIC RHEUMATOID ARTHRITIS.

A maiden lady, 56 years of age, came to consult me on October 16, 1890, for pretty severe rheumatoid arthritis of three years' standing, affecting hands, feet, elbows, and knees. Although fifty-six years of age her menses are regular. She has just returned from Buxton, which, she thinks, did her a little good. Her hands are swelled a good deal,

so that they are not of much use to her. She has strumous scars in her neck. The pains are described as worst when she starts off, and worse in the evening, and worse on the East Coast than in London. Patient had been vaccinated three times. *Bacillinum C.* was given for a month.

November 25, 1890.—The improvement is very great indeed,—in fact, quite startling, for all the pain has gone and the swelling has sensibly diminished ; feet better ; can stand better ; and, moreover, she sleeps so much better.

To continue the same medicine.

December 5.—Patient hurries to me to show me the dreadful state of her skin, which is covered all over

with acute erythema, rather papular. She describes the irritation as terrible in the heat and the rheumatism had gone.

January 1, 1891.—With very great difficulty I prevented this lady from putting something on “to cure” the erythema; in fact, I did not quite succeed, and the case that seemed perfectly cured is not quite cured really, as the hands are stiff again and somewhat swelled.

℞ *Thuja occidentalis* 30.

February 19, 1891.—The hands are not so well.

℞ *Psor.* 30, and a month later *Bacill. C.*, finished the cure.

The point of greatest interest to me in this narration is the vicarious erythema.

I saw a middle-aged lady yesterday whose hands are swelled and much disfigured by rheumatoid arthritis. The lady's sister tells me that the late Sir Erasmus Wilson once cured the lady of eczema; and we know well what the great Erasmus's "cures" were.

RHINOPHYMA.

Genuine severe rhinophyma is not a common disease. One case was under me last year, but patient only came two or three times; the last time I saw him, both he and I were satisfied that the nose was somewhat smaller. Cases that stand, so to speak, midway between nasal dermatitis and rhinophyma are not so rare; I cured two such cases in

1891, and both with our common antisycotics, principally *Thuja*, *Sabina*, and *Cupressus*, all used in dynamic dose, and no local application whatever.

ECZEMA IN A CHILD OF THREE.

On May 10th, 1888, a lady brought her three-year-old little boy to me to be treated for eczema in the bends of the knees: these regions were pretty badly affected, and the little man's cervical glands were considerably enlarged. As the eczema was most trying in the warmth of the bed, I gave *Syph. CC.* in very infrequent doses for a month.

June 7.—Much better, notably of the glands, but the eruption still

itches in the warmth. *Acidum uricum* 6, ʒij., three drops in water night and morning.

August 1.—Nearly well. *Acidum hippuricum*, the same as the previous prescription.

This finished the cure.

CASE OF ECZEMA GLANDIS OF SIX YEARS' DURATION.

An unmarried rufous gentleman, 32 years of age, came under my observation on May 18, 1887, for left-sided varicocele and eczema of the glans and of the sulcus of the penis; the eruption had been there for six years. Patient was *puceau*. He informed me that he had formerly had eczema on his head. I first gave him *Clematis erecta* 1ʒ,

five drops in water twice a day, but with no benefit. In June and July, for about five weeks he was under *Malandrinum* 30, with very great amelioration ; and thereafter, for about the same length of time, he had from me *Melitagrinum C*.

This cured the eczema, and patient ceased attending. At the end of the year patient said there was a very little of the eczema still in the sulcus, but he did not think it worth while being treated for it.

CASE OF ECZEMA.

A married lady, 30 years of age, mother of two children, was brought to me by her husband on December 4, 1891, with pretty severe eczema that had been bad during the past

eight months, and being specially bad in the bends of arms and on the face, and worst of all around the mouth; most distressing of an evening. Her lips are dry, cracked, "for ever peeling." Patient's condition was so bad, her general state so debilitated, her appearance so old, worn, and weary, that I felt it to be imperative to better her blood life and pull her together, so to speak, before setting about a scientific cure of the case, so I put her on *Levico* θ for a few weeks, and then upon *Bellis perennis* θ for a month, when patient would not come any more, even to please her husband, remarking, "Oh! I'm getting on nicely now; I do not want the doctor."

CASE OF RINGWORM, ECZEMA,
ACNE, AND ASTHMA.

A powerful, somewhat asthmatic gentleman, 58 years of age, came from the north to consult me on the 12th August 1891, telling me a history of slight winter asthma for many years; this he keeps down with Turkish baths, which he has taken regularly ever since he was 21 years of age. His appearance on being undressed was as if he had small-pox of moderate severity, only the pustules are those of acne. He tells me he had "three ringworms across the belly" in the month of February 1881, which he got cured with ointments; and then he got eczema, and got this also

cured with ointments; and then came this pustular eruption which ointments will not cure.

R *Bacill.* 1000.

August 26.—Much better.

Rep.

September 8.—“Those powders are too much for me; they cause me bad breathing and sickly feeling; worse in the morning; the skin is rather better; there is no matter in it now.”

He is much afraid of the powders, “they act so powerfully.”

October 2.—The skin is cleaning.

R *Rep.* (CC.)

October 16.—Much better.

R *Rep.* (C.)

October 30.—The chronic diffi-

culty of breathing (the asthma) has gone, the breathing being now normal.

The same remedy was repeated a few times, and *Thuja* 30 was interpolated, when patient was well, and went abroad to divert his mind from grief due to the death of his wife.

The last time I saw him his exclamation was, "I am so much better in myself,—infinitely better in every way."

BRAWNY DERMATITIS.

An elderly gentleman consulted me on Nov. 12, 1890, for an eruption of the skin, that I can only call brawny dermatitis. It was all over his body, and had been there for

years, and itched a great deal. This gentleman was discharged cured in less than a year, and still continues well. The remedies I used were *Persicaria urens* 30 and 3, *Urtica urens* 0, and *Sodium salicylate*.

Patient formerly suffered from chronic rheumatism, but ceased to do so after this rash came out.

Now he has neither skin disease nor rheumatism.

VERY SEVERE CASE OF SYCOSIS.

On September 26, 1890, a London professional man, 41 years of age, married, and in fair general health, came to me as a *dernier ressort*, and on the earnest solicitation of a friend and neighbour. Said he :

“I have always ridiculed homœopathy, and do not believe in it the least little bit, but I am in despair ; I have had this beastly skin disease for twelve years (pointing to his chin and face), and I have been under treatment all the time by the most eminent surgeons of London ; altogether I have been under eleven different doctors,—of course all allopaths.”

Patient's chin and face, co-extensive with his beard, was a “mass of corruption,”—*i.e.*, dried up, caked together mattery ooze, which he was obliged to get off very frequently with the aid of a poultice, when the surface was red and angry and shiny, the sticky stuff at once beginning to appear again. An ointment he uses

keeps it down pretty well in the summer months, but is powerless from autumn to spring. He has also very severe pyorrhœa alveolaris; his gums have receded, and the bulk of his very beautifully formed teeth have already fallen out entire, or stand out from the gums ready to fall out; his breath is stercoraceous, and his gums and mouth generally he describes as "rotten." He has had recurrent ophthalmia many times. He tells me he has used scores of ointments, and been very severely handled by the skin specialists, having undergone scarifications and epilations at many different times. Patient has been twice vaccinated. The feeling in the diseased part he describes as stinging.

P. 209

My treatment was continued till June 10, 1892, when I was able to declare him, as he declared himself, *well*.* Treatment extending over all these months necessarily comprises a number of remedies, the case being so severe and of such long standing. Practically patient had all the leading nosodic and other antisycotics, as well as *Zincum acet.* 1, *Jequirity* 3^x, *Levico* θ (the strong water), *Chelidon. majus* θ , and *Calc. sulph.*

NOTE ON LEVICO.

The waters of *Levico* are a very favourite remedy of mine in many skin affections where I need a little tonic, and where it seems of great advantage to give the organism a rest from the effects of high dilu-

* July 1893.—Continues quite well.

tions of the more specifically acting remedies.

In very difficult and pathologically complicated cases the organism, under the influence of very high dilutions, appears to get excited and into a state of unrest ; here progress seems suspended, and one then needs, figuratively speaking, a harmless material—something to clean the slate and so get a fresh start: this the strong water of *Levico* does beautifully. A capital way to administer it is to order ten drops in a wineglassful of warm water two or three times a day, by preference immediately after meals.

OFFENSIVE PERSPIRATIONS—
PERIODICAL HEADACHES.

An unmarried lady, 38 years

of age, came under my care on July 11, 1892, principally for *headaches* and *offensive perspirations*. Patient had lived some years in India, where she had ague badly. The headache was really brow-ague at a spot over the right eye, very bad at 7 P.M., and recurring every eleven days. The perspirations were described as *sour, oniony, nettly*.

R *Trit.* 6 *Nat. mur.* Six grains three times a day.

August 9.—The powders brought back the ague, of which patient had long been free! Thereupon she immediately took quinine. Perspiration less offensive.

R *Nat. mur.* 30.

September 12.—Quite free from

headaches, and the perspiration has ceased to be offensive. The cure had held good when I last saw patient in February 1893.

LICHEN URTICARIUS.

A bonny boy, $2\frac{1}{2}$ years of age, was brought by his mother to me on the 7th of August 1890 for lichen urticarius. But there was an even more distressing feature in this case, for this mite of a boy was already an inveterate masturbator. The urticarious spots were usually at their worst when he got warm in bed, or hot at any time. He had seat-worms, picking his nose a good deal. He was about a year under my treatment, and was then discharged quite cured, not only of his cutaneous

affection, but also of his nose-picking and of his secret habit of mauling himself about ; for it was noteworthy that while he would pick his nose freely enough before folks, and even notwithstanding their forbidding it, he did not masturbate other than in secret.

The remedy that cured the skin affection was very evidently *Bacillinum C.* during one month at the beginning of the cure, and the same remedy in the two-hundredth dilution later on. The remedy that cured his secret habit was very clearly *Platina* 30, under which he was during three separate (not consecutive) months. There were intercurrent ailings—cough, cold, anorexia—and *Thuja* 30, *Ipec.* 1,

Ledum 3^x, and *Med. CC.* respectively came into play. The precise parts played by these other four remedies in this case I could not quite determine. More particularly, I do not know which cured the seat-worms. But, as before stated, I am very sure the lichen was cured by the *Bacill.*, and the masturbation was cured by the *Platina* 30.

[On the subject of *Platina* in this regard, see Grauvogl's *Lehrbuch*.]

REMARKS ON THE ORIGIN OF SELF- ABUSE IN CHILDREN.

The case of lichen urticarius just related teaches a lesson which physicians and parents might with advantage remember. We are far

too apt to suppose that vice and vicious habits are due to abstract sin trickling down upon us from the dim and distant past, or as simply generated, as it were, afresh by innate sinfulness. Well, in this we err egregiously. The best way to get at the core of a nebulous subject is to take concrete cases separately, from the very simplest standpoint. So let us take this simple case of nettle-rash. What was the nature of the lichen? Was it morally sinful?

Clearly it was simply physical disease, and in this case probably from the boy's father. Was the nose-picking a sinful habit? or due to physical disease? By common consent nose-picking indicates gastric irritation, and most frequently

worms get the blame. This boy had worms.

We do not reckon his lichen or his worms unto him as sin, but recognise their simple morbid basis, and use remedies to cure them.

So I do with masturbation generally ; so I did with this boy's secret habit, that, left uncured, would most probably have resulted in his becoming both physically and morally a wreck. But not only was the secret habit in this child completely cured, but he, in the words of his mother, " does not like to do so,"—*i.e.*, his sweeter (*healthy*) moral self shrinks from the very idea.

Have the schools any therapeusis to compare to this? I suppose a

soothing lotion or ointment for the child's moral nature.

ECZEMA OF EARS OF SEVEN YEARS'
STANDING.

On August 20, 1887, a little girl of nine was brought to me for an ill-smelling discharge from the ears, that was said to have started after she had had dysentery seven years previously. In the fold of the left arm a little eczema. Although only nine years old the child had been twice vaccinated, and was clearly quite blighted thereby.

After being under treatment by *Thuja occidentalis* 30 for a month, my note runs, "Vast improvement all round."

After a few weeks respectively of

Sabina 30 and *Sulphur* 30, patient left cured at the end of the year 1887.

FLAT PAPILLOMA IN THE ANAL
REGION.

A childless married lady, a little over 30 years of age, came under my observation on July 19, 1887, for certain very distressing symptoms in the anal region, preventing sleep at night : worst at 2 A.M. On examining the parts I found the anal opening surrounded by hæmorrhoidal buttons, and on the tip of one of these a flat papilloma about the size of a split horse-bean. By day the whole region was exceedingly uncomfortable only, but by night its soreness prevented sleep.

R. *Syp.* CC.

August 16.—Very much better indeed ; sleeps now quite well. An examination shows that the papilloma has quite disappeared.

Patient remained another couple of months under my treatment for the hæmorrhoids. These quite disappeared during that period under the influence of, first, *Spiritus glandium quercus* θ , and then of *Euphorbia amygdaloides*.

PRURITUS ANI.

A general staff officer, no longer young, came under my care on Dec. 11, 1891, complaining bitterly of being roused up at night with fearful itching at the anus. An examination of the part showed only the very slightest degree of

eczema. Being of opinion that the pruritus was due to port wine, I ordered *Spiritus glandium quercus*, ten drops in water night and morning. This cured the pruritus. When I next saw the general he said, "That's all right ; now I want something for my bronchitis." The complaint was chronic winter catarrh of the bronchial lining. The *Acetum Lobeliæ*, in four-drop doses every four hours, quite cured this in about three weeks.

CASE OF BAT'S WING DISEASE—
LUPUS.

A maiden lady, 48 years of age, from Shropshire, came on August 5th, 1892, to consult me for an eruption on her nose and two cheeks,

the figure thus produced being responsible for the designation of bat's-wing disease. The eruption is getting very, very slowly worse for the past twelve years. The skin peels off in little flakes, leaving the underlying skin red, and this again dries and in its turn peels off, but very, very slowly, and the whole of the skin is not involved, there being healthy skin between. Patient's father is stated to have died of decline at 57 years of age, and her mother, patient tells me, died at 52 of mesenteric atrophy. One of patient's brothers died of phthisis, and her other six brothers all died in infancy. Her three sisters are alive. Patient has had active treatment, principally *Arsenic* and *Mercury*.

R *Bacill. CC.*

September 2.—The bat's wing is half gone!

R *Rep.*

Sept. 30.—Nose quite free, except in the right side near the eye, where it is *more active*.

Patient informs me that she has been three times vaccinated.

R *Thuja 30.*

Nov. 4.—There is just one small spot of the eruption left, near the corner of the eye. A good deal of hæmorrhage from the rectum.

R *Bacill. CC.*

December 9.—Patient writes me under this date from her home: "I have *no trace of the disease left*, but the piles have bled on four occa-

sions. I was so well while taking the powders."

R. Rep.

January 13, 1893.—The skin remains quite well. "I eat double."

And four months later the lady's sister, in answer to my inquiry, informed me that patient continued perfectly well.

PAPULAR RASH.

An unmarried lady, 23 years of age, was brought to me by her elder sister on Dec. 15, 1890, for a very disagreeable rash on the body. The patient had had measles, whooping-cough, chicken-pox, and jaundice during the course of her little life, and had also been twice vaccinated. Her menses were

irregular ; she suffered from nose-bleed. The eruption occupied the skin over the chest, stomach, and duodenum, and itched a good deal on going to bed. Patient is very costive, anæmic, and complains pretty eloquently of flatulent dyspepsia. Her spleen is enlarged ; she twitches and jumps (starts) a good deal ; is better in the evening, worse in the morning.

R. *Thuja occidentalis* 30 in infrequent doses.

In two months patient had gained five pounds in weight and was quite well, barring an enlarged spleen and little spells of nose-bleed. This was cured in a few weeks by *Urtica urens* θ, ten drops in water at bedtime, and the young lady has

continued to thrive ever since, so her mother told me quite lately.

I have often maintained the reality of vaccinosis as a morbid entity, and as the years roll round I become more and more certain of my thesis. See my little treatise "On Vaccinosis."

EPIDEMIC ECZEMA.

The only epidemic of eczema, apparently contagious, within my experience was one that broke out in the spring of 1891 at a very large public school near London.

The news came to me thus :—


" *March* 16, 1891.

" DEAR SIR,—On or about the 5th of this month a spot appeared over the eyebrow of the bearer (my

son). Thinking it merely a bruise received the previous day whilst playing football, a piece of gum paper was put over the place.

“A few days served to show that the thing was more than a simple bruise, so we sent him over to Dr —, of —; he also thought it merely an unhealthy wound, ordered on a bread poultice, and gave some ointment to be applied when ‘the wound’ was cleaned. At the end of two days I felt sure the diagnosis had been wrong, and so sent the boy over again to the doctor. It was then pronounced to be eczema.

“*Rhus tox.* inwardly, and zinc ointment externally, were prescribed, and a fish, fruit, and vegetable diet insisted upon.



“This morning the thing has assumed such alarming proportions that my husband and I felt we must have your advice regarding it.

“Three of the boys playing in his team have broken out with the same kind of eruption.”

There were quite a number of cases besides these, patient's brother being one of them.

The eruption itched very much in the evening, and had spread a good deal when the lad called upon me with the just-cited letter of his mother.

The iodide of sulphur in the third trituration, and six-grain doses frequently repeated, cured the eczema in both lads in about six weeks, and there has not been any return of it.

INDEX.

- Abuse, self, in children, 215.
- Acne and boils, chronic crops of, 164.
- „ and swelled neck, 128.
- „ from cold drinks, 99.
- „ of face and nose, and nasal dermatitis,
40.
- „ ringworm, and eczema, 204.
- Ague—scabies, 54.
- Alopecia areata, 174; its relation to ring-
worm, 176.
- Anal region, flat papilloma in the, 219.
- Angina pectoris from suppressed skin dis-
ease, 1.
- Anglo-French School on lupus, 73.
- Ani, pruritus, 220.
- Anus, soft warts round the, 159.
- Arthritic urticaria, 142.
- Arthritis, chronic rheumatoid, and acute
universal erythema, 196.

Asthma, psoriasis, and enlarged liver, 7.

„ specific enexanthematic, 5.

Bacillinum C. in acne and swelled neck,
129.

„ CC. cures strumous eczema in a
baby, 150.

Barium of very distinct advantage in ichthy-
osis, 120.

Bat's wing disease—lupus, 221.

Bazaroff, Dr Porfiry G., report by, on
psoriasis, trachoma, and erysipelas, 20.

Becker, Dr, on tetters, 51; on suppressed
perspiration of feet, 52.

Begbie, Dr J. Warburton, on lupus, 89.

Bellis perennis against the ill-effects of wet
cold in the overheated, 100; curative
of complaints due to cold drinks when
the body is heated, 104.

Bernard, Dr, on cases of skin diseases,
50.

Besnier, M., on the connection between lupus
and tuberculosis, 78.

Betula alba, 120.

Boils and acne, chronic crops of, 164.

Bowen, Dr, of Boston, on epidemic alopecia,
186.

Brawny dermatitis, 206.

Burnett, Dr J. C., on "Curability of Cataract
with Medicines," 48.

„ „ on "Vaccinosis and its
Cure by Thuja, with
Remarks on Homœo-
prophylaxis," 31.

Cataract, Curability of, with Medicines, by
Dr J. C. Burnett, 48.

„ double, from suppressed eruption,
11.

„ —eruption on scalp, 27.

„ —ringworm of scalp, 46.

„ —scabies—furuncles, 49.

Children, self-abuse in, 215.

Chin and throat affections, 61.

„ hairless patches on, 37.

Cold drinks, acne from, 99.

Constipation, life-long, 123.

Crusta lactea, 50.

Daisy, the, its use in hæmorrhage, dysentery,
and against the ill-effects of wet cold
in the overheated, 101.

Dermatitis, brawny, 206.

„ habitual periodical facial, 104.

„ nasal, 40.

„ vaccinal, 30.

Dublin Journal of Medical Science, 72.

Dyspepsia—vomiting — neuralgia — neuras-
thenia—acute eczema, 145.

Ear, external, eczema of, 192.

Ears, eczema of, of seven years' standing,
218.

Eczenia, acne, and ringworm, 204.

„ acute—dyspepsia—vomiting—neur-
algia—neurasthenia, 145.

„ capitis suppressed—fatal issue, 10.

„ case of, in married lady, 202.

„ —enlarged ovary—chronic oophor-
itis, 69.

„ epidemic, 226.

„ glandis of six years' duration, 201.

„ gouty, 155.

-
- Eczema, hydrocephalus, latent vaccinosis, 8.
,, in a child of three years old, 200.
,, inveterate, 153.
,, of ears of seven years' standing, 218.
,, of external ear and meatus, 192.
,, ophthalmia, 12.
,, severe case of sixteen years' standing — elephantiasis labiorum
vulvæ — life-long constipation,
123.
,, strumous, in a baby, 150.
,, suppressed, ossified heart from, 14.
,, with internal metastatic symptoms,
24.
Enexanthematic asthma, 5.
Eruption, pustular, 31, 33.
Erysipelas, psoriasis, and trachoma, 20.
Erythema, acute universal, and chronic rheu-
matoid arthritis, 196.
,, nasal, 160.
"Etiology," Fletcher's, 98.
Ewald on lupus, 86.

Facial dermatitis, habitual periodical, 104.

-
- Favus, case of generalized, 92.
Feet, suppressed perspiration of, 52.
Finger-nails, diseased, 43.
Fletcher, acne from cold drinks, 100.
Fletcher's "Etiology," 98.
Fox, Dr Tilbury, on lupus, 78.
Furuncles—scabies—cataract, 49.
- Goullon, Dr, of Weimar, 48.
Gouty eczema, 155.
- Headaches, periodical—offensive perspirations, 211.
Heart, ossified, from suppressed eczema, 14.
Heath, Dr Alfred, his preparation of erythrinus, 138.
Herpes s. tinea tonsurans, 167.
Homœoprophylaxis, remarks on, by Dr Burnett, 31.
Houghton, Dr James, on lupus, 73.
Hughes on alopecia areata, 175.
Hutchinson, Jonathan, on lupus, 73, 78.
 " " on alopecia areata, 176.

Hyde on lupus, 76.

Hydrocephalus, eczema, latent vaccinosis, 8.

Ichthyosis, case of, 117.

Kaposi on generalized favus, 92.

„ on lupus, 74.

Koch, Dr Robert, on lupus, 80, 82.

Kundrat, Professor, his autopsy of case of
generalized favus, 93.

Leigh, Dr Richmond, on epidemic alopecia,
185.

Levico, note on, 210.

Lichen urticarius, 213.

„ urticatus, 157.

Liveing, Dr, on the cause of alopecia, 179.

Liver, enlarged, asthma, and psoriasis, 7.

London Medical Record, report of case of
generalized favus, 92.

Lupus—bat's wing disease, 221.

„ clinical aspects of, 77.

„ constitutional nature of, 71.

„ experimental, 83.

Lupus, histological, 79.

„ (tuberculoderma), 87.

Metastatic symptoms, internal, in eczema, 24.

Miliary tuberculosis, 87.

Mindererus, in his *Kriegs-Artzeney*, commends the daisy, 102.

Nasal dermatitis, 40.

„ erythema, 160.

Neck, swelled, and acne, 128.

Neisser on lupus, 76, 86.

Neuralgia — neurasthenia — acute eczema — dyspepsia — vomiting, 145.

Oophoritis, chronic — eczema — enlarged ovary, 69.

Ophthalmia, eczema, 12.

Ossified heart from suppressed eczema, 14.

Ovary, enlarged — eczema — chronic oophoritis, 69.

Pagenstecher, his inoculations from conjunctival lupus, 83.

-
- Papilloma, flat, in the anal region, 219.
Papular rash, 224.
Patch, the sternal, 56.
Patches, hairless, on chin, 37.
Perspirations, offensive — periodical headaches, 211.
Pityriasis rubra, 136.
Platanus of very distinct advantage in ichthyosis, 120.
Pruritus ani, 220.
Psoriasis and trachoma, disappearance of,
after erysipelas, 20.
„ asthma, and enlarged liver, 7.
Pustular eruption, 31, 33.

Rash, papular, 224.
Record, London Medical, on disappearance
of psoriasis and trachoma after ery-
sipelas, 20.
Rheumatoid arthritis, chronic, 196.
Rhinophyma, 199.
Ringworm, eczema, and acne, 204.
„ (herpes s. tinea tonsurans),
167.

“Ringworm : its Constitutional Nature and Cure,” by Dr J. Compton Burnett, 168.

„ its relation to alopecia areata, 176.

„ of scalp—cataract, 46.

Sarcognomy, 60.

Scabies—ague, 54.

„ —cataract—furuncles, 49.

Scalp, eruption on—cataract, 27.

„ life-long eruption of, 162.

„ ringworm of—cataract, 46.

Schorer, Christoph, in his *Medicina peregrinantium*, commends the daisy, 103.

Schroeder's, D. Johann, “Pharmacopœia Universalis,” commends the daisy, 100, 103.

Scrofuloderma, ulcerating, 87.

Self-abuse in children, remarks on the origin of, 215.

Sine ira et studio, 115.

Skin affections, relationship of, to internal organs, 66.

„ tuberculosis of the, 87.

Smith, Alder, on alopecia areata, 178.

„ Prof. Dr Walter G., on lupus, 72, 88-
92.

Specialism, absurdity of, 63.

Sternal patch, the, 56.

Strumous eczema in a baby, 150.

Sycosis, very severe case of, 207.

Tetters, as treated by Dr Becker, 51.

Thomson, Dr Todd, his treatment of lupus,
90.

Throat and chin affections, 61.

Thuja as used by Dr Burnett for cure of
vaccinosis, 31.

„ in acne and swelled neck, 129.

Trachoma and psoriasis, disappearance of,
after erysipelas, 20.

Tuberculoderma (lupus), 87.

Tuberculosis of the skin, 87.

Tumours and the skin, 94.

Urticaria, arthritic, 142.

Vaccinal dermatitis, 30.